

Pharmacy Residency Program Manual

**Clement J. Zablocki VA
Medical Center
Milwaukee, Wisconsin
2021-2022 Edition**

TABLE OF CONTENTS

Program Purpose	4
Objectives	4
Preceptors	7
Rights and Responsibilities	10
Dual Appointment	11
Skills Survey & Plan for Development.....	112
Performance Evaluation	12
Stipend and Benefits	13
Talent Management System	15
Pagers and E-mail	15
Pharmacy Resident Disciplinary Action	16
Responsibilities of Residents	17
Residency Projects	17
Teaching Certificate	18

General Appendices

Appendix A - Pharmacy Residency Mentoring Program.....	21
Appendix B – Pharmacy Resident’s Rights and Responsibilities	30
Appendix C – Non RPh Evaluation Form.....	31

Pharmacy residency policies

Appendix D - Pharmacy Residency Preceptor and Pharmacy Program Director Qualifications and Responsibilities.....	33
Appendix E – Pharmacy Resident Candidate Qualifications and Selection Process... 	38
Appendix F - Post Graduate Year Two (PGY2) Early Commitment Policy	41
Appendix G – Grievance process, Disciplinary Action & Dismissal Policy	44
Appendix H – Criteria for Successful Completion of the Residency Program	51

Individual Program Materials

Appendix I – PGY1 Practice Program Materials	54
Rotations	54
Longitudinal Experiences	55
Student Responsibilities	56
Attachment 1 – Skills Survey and Plan for Development for Incoming PGY1 Residents	59
Attachment 2 - Outgoing PGY 1 Skills Survey.....	66
Attachment 3 – PGY1 Pharmacy Residency Requirements.....	69
Attachment 4 – Chief Resident Responsibilities	78

Appendix J – PGY2 Infectious Diseases Pharmacy Program Materials.....	80
Rotations	80
Teaching	81
Attachment 1 – Skills Survey for ID PGY2.....	83
Attachment 2 – PGY2 ID Proposed Schedule	87
Attachment 3 – PGY2 ID Outgoing Skills Assessment	88
Appendix K – PGY2 Internal Medicine Pharmacy Program Materials.....	93
Rotations	93
Teaching	93
Attachment 1 – Skills Survey for IM PGY2	96
Attachment 2 – Outgoing Skills Assessment for IM PGY2	102
Attachment 3 – Proposed Schedule for IM PGY2.....	107
Attachment 4 – PGY2 Internal Medicine Residency Requirements	109
Appendix L – PGY2 Medication Use Safety and Policy Program Materials	118
Rotations	118
Teaching	119
Attachment 1 – Skills Survey for Medication Use Safety and PolicyMUSP PGY2	120
Attachment 2 – Proposed Schedule for Medication Use Safety and PolicyMUSP PGY2	123
Attachment 3 – PGY2 Medication Use Safety and PolicyMUSP Residency Requirements .	125
Appendix M – PGY2 Psychiatric Pharmacy Program Materials	132
Rotations	132
Teaching	132
Attachment 1 – Skills Survey for Psychiatric Pharmacy PGY2.....	134
Attachment 2 - Proposed Schedule for Pyschiatric Pharmacy PGY2.....	142
Attachment 3 - Residency Requirements.....	140
Attachment 4 - Research Requirements.....	142
Appendix N – PGY1 Pharmacy Program Materials	143
Rotations	143
Attachment 1 – Skills Survey and Plan for Development for Incoming PGY1 Pharmacy Residents	145
Attachment 2 – Pharmacy Administration Requirements	154
Attachment 3 – Pharmacy Practice Requirements	156
Appendix O – Acknowledgement of Residency Manual	163

Welcome! Welcome to the Pharmacy Residency Programs at the Clement J. Zablocki VA Medical Center. The Pharmacy Preceptors look forward to an enjoyable and fruitful upcoming residency year.

Mission Statement: Our mission is to cultivate pharmacy practitioners who will further the practice of Pharmacy. This will be accomplished through the use of principles of pharmaceutical care to develop, implement, and provide cost effective, patient centric care that optimizes patient outcomes. We will fulfill our mission through clinical practice, research, and education of others,

Program Purpose Statements:

PGY1 Pharmacy Residency Program: The PGY1 pharmacy residency program at the Zablocki VA Medical Center and Milo C. Huempfner Health Care Center builds on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY2 Programs Purpose:

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Objectives

PGY1 Pharmacy Residency Program: The one-year PGY1 Pharmacy Practice residency program is intended to expose the resident to all aspects of pharmacy practice in this Medical Center. The approach is to integrate all aspects of practice into each rotation. A resident-specific plan is developed for each resident to better meet the resident's competencies, goals and educational needs. The competencies, goals and objectives of the programs have been adapted from the competencies, goals and objectives developed by the American Society of Health-System Pharmacists. Specific objectives and a list of activities have been developed for each rotation to help establish expectations for the resident. Additional practice experiences may be developed to meet the needs and interests of residents and as the practice site evolves.

PGY1 Pharmacy Residency Program (Green Bay): The one-year PGY1 Pharmacy residency program is intended to expose the resident to all aspects of pharmacy practice in this Health Care Center. The approach is to integrate all aspects of practice into each rotation. A resident-specific plan is developed for each resident to better meet the resident's competencies, goals and educational needs. The competencies, goals and objectives of the programs have been adapted from the competencies, goals and objectives developed by the American Society of Health-System Pharmacists. More specific objectives and a list of activities have been developed for each rotation to help establish expectations for the resident. Additional practice experiences may be developed to meet the needs and interests of residents and as the practice site evolves.

PGY2 Infectious Diseases Pharmacy Program:

This one-year PGY2 ID pharmacy residency program is intended to expose the resident to many aspects of infectious diseases. The program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of infectious diseases pharmacotherapy. In addition, the resident will develop teaching and precepting knowledge and skills with the goal of being a teacher of pharmacy students and other health care providers to foster development of the profession and education of future pharmacy professionals.

PGY2 Internal Medicine Pharmacy Program:

This one-year PGY2 Internal Medicine residency program is intended to expose the resident to many aspects of internal medicine, teaching and precepting. The program builds on experiences gained through a PGY1 pharmacy residency program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of internal medicine pharmacotherapy. In addition, the resident will develop teaching and precepting knowledge and skills with the goal of being a teacher of pharmacy students and other health care providers to foster development of the profession and education of future pharmacy professionals.

PGY2 Medication Use Safety and Policy Program:

This one-year PGY2 Medication Safety and Policy Pharmacy residency program is intended to expose the resident to all aspects of pharmacy practice in this Medical Center with a focus on the medication use system. This program builds upon experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of practitioner with expert knowledge, leadership skills, and expertise in evaluating, designing and implementing a medication safety program for an institution. Graduates of this program will be well prepared for a position in Medication Safety, Formulary Management or Medication Use Policy.

PGY2 Psychiatric Pharmacy Program:

This one-year PGY2 psychiatric pharmacy residency program is intended to expose the resident to many aspects of psychiatry. The program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of psychiatric pharmacotherapy. In addition, the resident will develop teaching and precepting knowledge and skills with the goal of being a teacher of pharmacy students and other health care providers to foster development of the profession and education of future pharmacy professionals.

Program Directors

The following Directors may be contacted at this address:
Clement J Zablocki VA Medical Center
5000 W National Avenue
Milwaukee, WI 53295

PGY1 Pharmacy Practice

Jennifer Koch, PharmD, BCPS, BCGP
Associate Chief of Pharmacy – Clinical Manager
Phone 414-384-2000, ext. 42363
E-mail: Jennifer.koch@va.gov

PGY2 Infectious Diseases Pharmacy

Claire Dysart, PharmD, BCIDP
Clinical Pharmacy Specialist
Phone 414-384-2000, ext. 47196
E-mail: claire.dysart@va.gov

PGY2 Internal Medicine Pharmacy

Jeremy Barnes, PharmD, BCPS
Clinical Pharmacy Specialist
Phone 414-384-2000, ext. 49671
E-mail: Jeremiah.Barnes@va.gov

PGY2 Medication Use Safety and Policy

Lindsey Ladell, PharmD, BCPS
High Reliability Organization Lead
Phone 414-384-2000, ext. 42524
E-mail: lindsey.ladell@va.gov

PGY2 Psychiatric Pharmacy

Matt Haas, PharmD, BCPP, BCPS
Clinical Pharmacy Specialist
Phone 414-384-2000, ext. 47376;
E-mail: matthew.haas@va.gov

The PGY1 Pharmacy Director may be contacted at this address:
Milo C. Huempfer VA Health Care Center
2851 University Ave.
Green Bay, WI 54311

PGY1 Pharmacy (Green Bay)

Shannon M. Pace, PharmD
Associate Chief of Pharmacy – NEWAC Division
Phone: 920-431-2500 ext. 72585
E-mail: shannon.pace@va.gov

Preceptors

<u>Preceptor</u>	<u>Rotation</u>	PGY1- MKE	PGY1 - Green Bay	PGY2 - ID	PGY2 - IM	PGY2- MUS	PGY2- Psych
Karen Adwan, PharmD, BCGP, BCOP	Oncology/ Palliative Care	X		X	X		
Alisyn Baciak, PharmD	Outpatient Pharmacy		X				
Jeremy Barnes, PharmD, BCPS	Internal Medicine	X		X	X	X	X
Kimberly Bell, PharmD	Administration	X			X	X	
William Blaser, PharmD	Critical Care	X		X	X		
Nadra Botros, RPh	Geriatrics, ECC/SCI Anticoagulation	X					
Caryn Bremberger, PharmD, BCPS	Ambulatory Care	X					
Kristen Charlson, PharmD	Ambulatory Care	X			X		
Beth DeJongh, PharmD, BCPS	Psychiatry	X			X		X
Claire Dysart, PharmD, BCPS, BCIDP	Infectious Diseases	X		X	X		X
Mike Grunske, PharmD, BCPS	Ambulatory Care	X					
Matt Haas, PharmD, BCPP, BCPS	Psychiatry	X			X		X
Mohammed Hamdan, PharmD	Geriatrics	X					
Jill Hansen, PharmD, BCACP	Ambulatory Care	X					
Michelle Harms, PharmD, BCPP	Psychiatry	X					X
Mary Jo Jablonski,	Pharmacoeconomics	X			X	X	

PharmD, BCGP							
Steven Kennedy, PharmD, BCPS	Cardiology	X			X		
Jennifer Koch, PharmD, BCGP, BCPS	Administration	X			X	X	
James Kotek, PharmD, BCPS	Academic Detailing				X		X
Lindsey Ladell, PharmD, BCPS	Medication Safety	X		X	X	X	X
Janel Larew, PharmD, BCPS	Geriatrics, Psychiatry	X			X		X
Carrie Lewandowski, PharmD, BCPS	Critical Care, Nutrition	X			X	X	
Erin McAllister, PharmD, BCPP	Psychiatry	X			X		X
Grace Mortrude, PharmD*	Infectious Diseases	X		X	X		X
Jennifer Mulhall, PharmD, BCPS	Ambulatory Care		X				
Katie Nichols, PharmD, BCACP	Ambulatory Care		X				
Shannon Pace, PharmD	Administration, Practice		X		X	X	
Luke Palmer, PharmD*	Procurement					X	
Daisy Peterson, PharmD, BCPS	Ambulatory Care	X			X		
Ryan Prouty, PharmD	Ambulatory Care		X				
Joe Rinka, PharmD	Concordia Academic				X		
April Rogers, PharmD, BCACP	Ambulatory Care	X					

Steve Rublee, RPh	ECC/SCI Anticoagulation	X					
Cassandra Ruoff, PharmD, BCPS	Hepatology, Transplant		X				
Mirella Sabol, PharmD, BCPS	Spinal Cord Injury	X			X		
Mike Schmidt, PharmD.	Ambulatory Care	X					
Jill Underberg, PharmD, BCACP	Ambulatory Care	X					
Amy Van Ermen, PharmD, BCPS	Ambulatory Care	X					
Megan Vranes, PharmD	Informatics					X	
Ben Weitzel, PharmD	Pharmacoeconomics	X					
Casie Yentz, PharmD	Ambulatory Care	X					

* Indicates Preceptor in Training

Mentors

PGY1 residents will be assigned a mentor for the residency year. Assignment of a mentor for PGY2 residents is at the discretion of the RPD. The mentor-mentee relationship is designed to track the residents' progress throughout the residency year and also to provide an additional person (in addition to program director) for the resident to go to if any problems/questions/concerns arise. The mentor and mentee will meet on a regular bases (monthly is recommended) to track progress and review completion of residency requirements. The Mentor will also be responsible for updating the Customized Residency Training plan with the resident at the start of the residency year and quarterly throughout the year, prior to review by the RPD. Please see Appendix A for more information on the Mentoring Program.

Accreditation

The PGY1 Pharmacy Practice Residency Program was accredited by the American Society of Health-System Pharmacists in September, 1996. It was reaccredited in 2018.

The PGY1 Green Bay Pharmacy Residency Program achieved ASHP accredited in 2016.

The PGY2 Infectious Disease Program achieved ASHP accredited in 2011. It was reaccredited in 2018.

The PGY2 Medication Use Safety and Policy Residency achieved ASHP accreditation in 2013. It was reaccredited in 2018.

The PGY2 Internal Medicine Pharmacy Residency achieved ASHP accreditation in 2014. It was reaccredited in 2018.

The PGY2 Psychiatric Pharmacy Residency achieved ASHP accreditation 2014. It was reaccredited in 2018.

Resident's Rights and Responsibilities

The preceptors of our residency programs view your acceptance of the residency position as a contract between parties. As such, the institution and its preceptors have obligations to you as a resident and you have obligations to the residency program. We have chosen to outline this commitment to one another in the form a Resident's Rights and Responsibilities. Understanding your rights will ensure you get the most from your residency experience. Understanding your responsibilities will ensure you and future residents have the highest quality program and help you contribute to the profession of Pharmacy. See appendix B for the Resident's Rights and Responsibilities.

Duty Hours

The ZVAMC Pharmacy residency programs are in accordance with the ASHP Duty Hour Requirements. For more information, please refer to the ASHP website available at: [duty-hour-requirements.ashp.org](https://www.ashp.org/education/residency/duty-hour-requirements). Duty hours must be recorded in PharmAcademic using a monthly custom evaluation that is completed by the resident. Duty hours are define as all scheduled clinical and academic activities related to residency program. Duty hours include time spent in rotation, dual appointment role ("internal moonlighting"), weeknight staffing, and teaching certificate time. Duty hours do not include reading, studying and academic preparation time for presentations, travel time to/from conferences and hours that are not scheduled by the RPD or preceptor. ZVAMC residents are prohibited from external moonlighting (having part-time pharmacy job outside of the VA system).

Duty hours must be limited to 80 hour per week, averaged over a four-week period. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). It is the resident's responsibly not to sign up for weekend shifts that would result in exceeding duty hour limits. ZVAMC does not have an on-call requirement for residents.

Supervision

As trainees, Pharmacy residents are required to have adequate oversight and supervision. The Residency Program Director for the respective program is the Primary supervisor for the resident. The preceptor with whom the resident is working is also responsible for supervising the trainee. All progress

notes of the resident must be co-signed by the supervising preceptor. This may be the preceptor of the rotation or the preceptor of the activity. Residents select the co-signer in CPRS, and should take care to ensure the note will be able to be cosigned with 72 hours. In addition, if the co-signer has questions regarding the content of the note, it is the responsibility of the resident to discuss and resolve so the note may be cosigned in a timely manner.

Staffing (weeknight staffing experience)

Milwaukee PGY1 residents will complete weeknight staffing requirement. Each resident will work one evening shift (4:30 – 8 pm) per week. The day of week will rotate over the course of the year and the residents are responsible for communicating schedule to pharmacy administrative officer for posting on pharmacy schedule. Please see PGY1 section of manual for details. Residents must communicate with BOTH RPD and the appropriate pharmacy supervisor if they have a conflict with staffing or are unable to work due to illness.

Dual Appointments (“Internal Moonlighting”)

Milwaukee PGY1 residents are required to work at minimum of 10 weekend days over the course of the year to gain staffing experience. PGY1 residents have the option to work additional weekend days after commitment is completed. There is no opportunity for dual appointment for the Green Bay PGY1 resident. PGY2 Residents also have the option to work weekends, however, this is not a requirement.

For the time spent on the weekend, the resident will receive a clinical pharmacist "dual appointment", meaning they will act as a resident during the week and a clinical pharmacist on the weekends. Dual appointment allows residents to independently grow as a professional and strengthen relationships with fellow pharmacists and technicians. While working in the dual appointment role, the individual will be paid the wages of a clinical pharmacist. The resident must be licensed as a pharmacist before a dual appointment can be assigned. Residents with a dual appointment will have two profiles in time and leave system (VATAS). Residents are not able to work holidays that occur during on a weekday (e.g. Memorial Day, Labor Day) under dual appointment due to a conflict with time and attendance system. Residents are allowed to work a holiday under dual appointment if the holiday falls on a weekend (Saturday or Sunday).

Milwaukee residents may begin working weekends after obtaining full pharmacist licensure and completing training in pharmacokinetics and anticoagulation at the Milwaukee VA. The residents will, as a group, determine the weekends they each will work. Once a schedule is determined, the inpatient pharmacy supervisor and pharmacy administrative officer should be informed and the Pharmacist Schedule will be updated to reflect resident staffing. Scheduling should be completed approximately 3 months in advance. Once the resident commits to working a weekend, it is his or her responsibility to find coverage in the event they are unable to work that weekend. Any arrangements made for coverage after the pharmacy schedule has been released should not result in additional overtime for the department. If switches are made to the schedule, the residents are responsible for updating the inpatient pharmacy supervisor.

The weekend hours are 7:30 AM to 4:00 PM. The resident will be responsible for the pharmacokinetic service, weight-based heparin service, and anticoagulation service for the Milwaukee VA on Saturday and Sunday. This includes monitoring all patients, progress notes, e-mail messages, etc. If time allows, the resident will also assist with pending prior authorization consults and outpatient pharmacy responsibilities. While working the weekend, the resident will also assist in anticoagulation monitoring for patients in Spinal Cord Injury and the Community Living Center. In addition, the resident will work closely with the clinical pharmacist assigned to the Outpatient Pharmacy. Coordination of breaks and lunches will be performed between these individuals to ensure continuous customer service in the Outpatient Pharmacy. At the beginning of each shift, the resident should check in with the pharmacist with whom they will be working most closely. They should collaboratively establish how Anticoagulation and PK should be staffed, as well as discuss lunch coverage, anticipated work load, etc.

If the resident does not work the assigned tour of duty (either stays late or leaves early), the resident should communicate the hours worked to the timekeeper, the person certifying the timecards and the inpatient pharmacy supervisor along with reason why additional time was required. Any discrepancies regarding time worked or weekend pay can be communicated with the timekeepers and Inpatient Supervisor.

It is important to note, that any dual appointment hours worked must be in accordance to ASHP duty hours' requirements.

Skills Survey and Resident Development Plan

At the beginning of each residency year, each resident will complete a customized training plan. Each residency program has its own Incoming Skills Survey and may be found in the Appendix of that program. This Skills Survey will assist the Residency Director, Mentor (if applicable), and Preceptors in the identification of areas of strength and weakness as well as assist in determining the direction of the resident for future development.

The Skills Survey should be completed and returned to the Mentor and Residency Director by the specified date. Based on the review of the Skills Survey, a Customized Training Plan (CTP) will be created for each resident. This plan will be discussed with the resident, mentor, and program director and adjustments may be made based on the discussion. Following that, the plan will also be shared with the preceptors and posted on the PharmAcademic system. The Resident CTP will be updated quarterly by the resident, mentor, and RPD. An outgoing skills assessment will be completed at the end of the residency year.

Performance Evaluation:

The Residency Program and the PharmAcademic System is based on the ASHP Residency Learning System. Residents will get orientation to PharmAcademic at the beginning of the residency year. The PharmAcademic Training Presentation for Residents is available at: <https://www.pharmacademic.com/Help.aspx>

The competency areas, goals and objectives for each program are available on the ASHP website: [PGY1 Competency Areas - ASHP](#). All programs now use the following structure.

Competency Areas: Categories of the residency graduates' capabilities. Competency areas are classified into one of three categories:

Required: Four competency area are required (all programs must include them and all their associated goals and objectives).

Additional: Competency area(s) that residency programs may choose to use to meet program-specific program needs.

Elective: Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Educational goals listed under each educational outcome are broad statements of abilities.

Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. Each objective is classified by taxonomy (cognitive, affective, or psychomotor) and level of learning within that taxonomy to facilitate teaching and assessment of performance.

Criteria: Instructional objectives are the result of a learning analysis of each of the educational objectives. They are offered as a resource for preceptors encountering difficulty in helping residents achieve a particular educational objective.

Performance Evaluations will be tracked through the PharmAcademic system. Each resident will receive access codes for PharmAcademic at the beginning of the Residency Year. PharmAcademic

models this same structure for the evaluation of residents. For each Learning Experience, the program has assigned which outcomes, and associated goals and objectives will be taught and/or evaluated. This may be viewed by the resident in PharmAcademic along with a description of the learning experience itself.

At the conclusion of each learning experience, the resident will complete an evaluation of the learning experience and a self-evaluation (if applicable). The designated preceptor will complete the evaluation. The expectation is that all evaluation forms be completed by the preceptor and resident within **7 days** of the end of the rotation or learning experience.

PharmAcademic prompts an evaluation for each selected outcome, goal, and objective for the learning experience. Refer to Appendix H for the Residency Policy that defines successful completion of the residency program as well as the definitions of levels of achievement. Free text commentary is also available for each outcome, goal, and objective. Whenever possible, preceptors and residents should use concrete examples to demonstrate progress towards these outcomes, goals and objectives. For example, for an outcome related to drug information, describe the drug information query completed and the outcome of that information being provided. For patient follow-up issues, list how you ensured the patients had adequate follow-ups and referrals.

Evaluations by non-pharmacists will be collated using Appendix C. These evaluations will be collated and summarized by the Pharmacist responsible for that rotation and will be incorporated into the PharmAcademic system. Longitudinal experiences in which the resident participates continually (e.g. project, warfarin monitoring) will be evaluated every three months for PGY1 residents, and at the end of the first, second and final quarter for PGY2 programs.

Quarterly (or more frequently if needed), the Residency Director will meet with each resident individually to complete the Customized Training Plan. Also, at this time, the Residency Director will review progress with AHSP goals and objectives, Pharmacy Practice Requirements and the Residency Project.

It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency it will be made clear that objectives are or are not being met. Some individuals may need remedial actions. If remedial actions are insufficient the residency certificate will not be issued. This determination will be made jointly by the Residency Program Director, Residency Advisory Board, and the Pharmacy Division Manager.

Other required activities

A residency project must be completed and presented at the Wisconsin Pharmacy Residency Conference (WPRC) (or at another conference if mutually agreed upon between RPD and resident). See project section of manual for more information. Please also refer to requirement grid for a complete list of residency requirements in the corresponding program appendix below.

Stipend and benefits

The PGY1 and PGY2 stipend change each year. Please refer to salary listed in acceptance letter. Benefits include 13 days paid annual leave, 10 holidays, administrative leave for professional meetings, some assistance with registration fees and travel funds, library facilities, and computer access. Health insurance is also available. Pay periods are every 2 weeks.

Annual Leave

Annual leave are vacation days for the employee to schedule. Employees accrue leave each pay period. Residents (and all employees with less than three years of government service) accrue 4 hours per pay period. Over the course of 26 pay periods or 52 weeks, each resident will accrue 13 days of annual leave.

Residents are allowed to use appropriate leave during the course of the residency year. Taking planned leave requires approval of an electronic time off request in VATAS (in resident account, not dual appointment account). Adequate staffing to ensure patient care is the first priority when evaluating these requests. The resident should also have accrued ample leave balances to cover the time they will be away. Leave requests should be made as early as possible to allow for staffing planning.

If the resident would like to take scheduled leave as accrued, the resident should first discuss those dates with the rotation preceptor and get approval from both the preceptor and the RPD, prior to notifying the clinical manager who approves leave. The resident is responsible for finding coverage for all patient care activities during his or her absence. This includes longitudinal assignments such as monitoring of warfarin patients. If a PGY2, the leave should next be approved by the Residency Program Director. The resident should then place the time off request in VATAS for timekeeper purposes. In the VATAS request, the resident should state that rotation preceptor (and Residency Director if applicable) has already approved the time off from the rotation. If, in the judgment of the rotation preceptor or Residency Director, patient care requirements do not allow the resident to be away from the rotation, the leave request may be disapproved and the resident will be notified of that decision.

Annual leave may be taken in 15-minute increments. Residents are encouraged to take time off throughout the course of the residency program, as good mental health is important to maintain. In the event the resident has a balance of annual leave remaining at the time of the residency completion and the resident is not staying within the VA system, it will be paid out to the resident in a lump sum.

Sick Leave

Sick leave is time that may be used in the event of illness or the medical appointments. Employees accrue leave each pay period in the same manner as annual leave. All employees accrue 4 hours per pay period. Sick leave may be used in the event of an illness but may also be scheduled prior to medical/dental appointments. Care leave which will be deducted from sick leave balances may also be used to care for an immediate family member (defined as spouse, parent, child, etc.) in accordance with the Family Friendly Leave Act. Care leave may also be used for bereavement of family members.

To schedule sick or care leave for previously scheduled appointments, check with the primary rotation preceptor in the same manner you would for annual leave. The resident would then enter the time off request in VATAS, again denoting concurrence from primary preceptor (Maximum 4 hours of sick leave/day for medical appointments).

In the event the employee needs to use unplanned sick or care leave, the resident should immediately notify the person with whom they were scheduled to work with that day. Either the preceptor or the resident should then notify the Residency Director. When calling in sick, the resident must attempt to speak to a preceptor or the Residency Director. Leaving a message on voice mail or speaking to support personnel (e.g. secretary) is discouraged but if no alternative exists it is the resident's responsibility to ensure that the message is received. Upon return to work, enter the information into VATAS.

Holidays

All residents are excused from work at the VA for all Federal holidays. Resident receive regular pay on holidays. If the resident is assigned to an auxiliary site (e.g. Concordia School of Pharmacy) on the holiday, they are still expected to report to that site for the workday if the site is not observing that holiday. Residents will not receive additional compensation for extra time at the site, as attendance is a condition of accepting the rotation at that site.

Administrative Leave

If the resident is authorized to be away from work to attend an educational conference (e.g. ASHP Midyear meeting or PSW Educational Conference), a request for administrative leave must be made.

Like Annual Leave, time away must first be approved by the rotation preceptor and Residency Director. Residents should not schedule any time away from the rotation without receiving approval prior. Administrative leave requests are also made in VATAS in the same manner as other leave. It is coded as "LN-Administrative."

While on Administrative Leave for Professional Meetings, residents are expected to attend all portions of the meeting. The absence is a privilege, and behavior while on Administrative Leave should reflect the same high standards that are maintained when the residents are on site.

Administrative Leave will be granted to take the necessary initial licensure tests to be a registered pharmacist. If additional tests are taken (e.g. to obtain licensure in an additional state), that leave would be deducted from accrued annual leave.

When interviewing for post residency positions, residents will be granted up to 40 hours of Administrative Leave. In order to qualify for the Administrative Leave, the location and nature of the position must be disclosed to the residency director who serves as the timekeeper for the residents. If a total of over 40 hours are necessary, additional hours must be taken from accrued annual leave.

Jury Duty

If summoned for Jury Duty, residents will be excused from the Residency Program. Leave will be entered in VATAS as "LC-Court", with Jury Duty selected in the Drop-Down Box.

Extended Periods of Absence

If it is necessary for a resident to be absent from the residency for an extended period of time, the residency will be suspended, and a leave of absence taken. To complete the residency, the resident would be required to complete missed hours.

Timecards

Although residency is often not a 7:30 AM to 4PM position, this is the official tour of duty for the purposes of the timekeeper and payroll. If the resident is unable to be present at 7:30AM, that resident may be considered absent without leave. Continued tardiness may result in disciplinary action. Unless leave is taken or on an offsite rotation, residents are expected to be on the premises (or affiliated site) for a minimum of 8.5 hours daily (30 minutes allow for lunch break).

It is the resident's responsibility to review his or her timecard to ensure accuracy. This includes the primary timecard as well as the Dual Appointment timecard if working a dual appointment position. Due to the timecard certification process, with the exception of emergencies, all time off requests for the second Friday of the pay period must be made by Thursday afternoon. Residents should contact RPD for resident timecard questions and inpatient pharmacy supervisor for dual appointment timecards questions.

Talent Management System (TMS)

The Talent Management System (TMS) is the online system the VA uses to track mandatory and other training for VA employees. It is the resident's responsibility to identify in TMS their TMS supervisor. Residents should identify their supervisor as the person who certifies their timecard. Periodically during residency training learning will be assigned through the TMS system. It is the residents' responsibility to stay up to date on all TMS training requirements. If the resident becomes delinquent, on TMS training there is the potential for the resident to become dis-used from the VA network.

Zone Phones (VOIP phones)

Each Milwaukee resident will be given zone phone (VOIP phone). It is the responsibility of the resident to keep the phone in good working order and to notify clinical manager if there is a problem with the phone. Zone phones do not work outside of the medical center. Residents are expected to keep phones with them at all times while on campus so they can be reached. Phones must be turned in at the end of the residency year.

E-mail

Each resident is assigned an VA e-mail account. E-mail is a primary mode of communication for the residency program. It is each resident's responsibility to read their e-mail at least daily (Monday-Friday) and respond appropriately.

Microsoft Teams

This instant messaging function allows for rapid communication to solve quick issues and is available to residents on most computers. All residents are expected to sign in to program while using a VA computer.

Home access

If a resident would like access to the VA network from home, contact the ADP coordinator to arrange. This is not a requirement of the residency program, but residents may find this a useful tool throughout the year.

Microsoft Office

The latest version of Microsoft Office is available for purchase at a reduced rate for VA employees. Contact the ADP coordinator for information on how to purchase.

Using Government Vehicles

When traveling for official residency duties, residents are eligible to use a car from the motor pool. Prior to using a motor pool vehicle, the driver must complete the required TMS course, "Mini Fleet Course". The certificate of completion for that course should be carried by the driver when picking up the vehicle from the motor pool.

To make a vehicle reservation, an electronic request may be entered via the Milwaukee Home Intranet page, via the quick links.

When using the vehicle, the driver must complete the required paperwork. Prior to returning the vehicle, the driver should re-fuel the vehicle using the credit card provided to them when picking up the vehicle.

If the driver would experience any car issues while in possession of the vehicle, the motor pool should be called during normal business hours. If after hours, contact the GSA fleet service. That number is on the back of the credit card that is given with the car.

Travel

ZVAMC will support residents in the pursuit of additional education and training to the extent the organization is able. This includes the attendance of local and National Conferences. Refer to program director for details regarding reimbursement.

Licensure

Residents may apply for licensure in any state. The PGY1 residents need not be licensed by the beginning of the PGY1 Residency Program, but arrangements should be made to take the necessary examinations. Residents will be granted Administrative Leave to take licensure exams. PGY1 Residents should have completed all necessary licensure obligations within 90 days of start date. Failure to do so will not be automatic grounds for dismissal from the program, if the resident has made sufficient progress towards licensure. This will be reviewed by the RPD and preceptors on a case-by-case basis and a performance plan will be created to assist the resident in accomplishing the goal. Failure to attain licensure within 120 days of start date will be grounds for dismissal.

PGY2 residents must prove licensure at the time the PGY2 residency is offered to them. All residents must maintain their licensure throughout their residency year.

Pharmacy Resident Disciplinary Action

Residents are expected to conduct themselves in a professional manner and to follow all pertinent Medical Center, Pharmacy Service and University policy and procedures.

Please refer Appendix G for the Pharmacy Resident Grievance process, Disciplinary Action, & Dismissal Policy.

Responsibilities of All Residents

1. Report to:
 - a. Residency Program Director
 - (1) Schedule, program goals, overall evaluations, committee responsibilities
 - (2) Keep informed of special projects and assignments
 - (3) Resident project (may be delegated)
 - (4) Administrative and personnel issues, including leave
 - b. Mentor (if applicable)
 - (1) Schedule, program goals, overall evaluations, committee responsibilities
 - (2) Keep informed of special projects and assignments
 - (3) Resident project (may be delegated)
 - (4) Administrative and personnel issues, including leave
 - c. Preceptor: Each rotation assignment, evaluations, any projects
2. Contact preceptor before each rotation to establish a time and place to meet. Review objective goals and understand expectations.
3. Review goals periodically to assess progress.
4. Complete rotation evaluations in a timely manner. It is important to provide detailed and honest feedback, so that both the resident's performance and the program's quality can be improved. The expectation is that all evaluation forms be completed by the preceptor and resident within 7 days of the end of the rotation or learning experience.
5. Meet periodically with Program Director to assess progress and address problems.
6. Attend assigned meetings; inform program director if conflicts arise.
7. If applicable, meet monthly with mentor to assess progress throughout the residency year.

Residency Projects

A completed research or quality improvement project is required during the residency program. The intent of the project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research or quality improvement. Residents should select a project, preferably from the program project list, by the second month of the program. After deciding upon a topic, a project mentor will be responsible for guiding the resident through the entire project. Biweekly "Research Institute" discussions will be led by a preceptor and all residents are encouraged to attend. Refer to "Research Institute" schedule for details. Residents will be asked to present their project to the Pharmacy Residency Research Panel (see details below under project proposal). Each resident is expected to have made sufficient progress to present results at the Wisconsin Pharmacy Residency Conference (or other conference as agreed upon by RPD) which takes place in the spring. A final manuscript is required and residents are encouraged to pursue publication. See details below regarding manuscript. PGY2 residents have goals and objectives specific to publication that should be addressed.

Please see program specific program appendix below which includes more details regarding the timeline for the residency project. Residents should be discussing project status with their RPD and/or residency mentor each month.

Project Proposal:

The "Request for Determination of Operations Activity" form should be completed by each resident as part of the residency proposal. This document includes the following information:

- Project Title

- Requestor (author)
- Purpose
- Design
- Description of how findings will be used
- Impact on profession (does the project contribute to generalizable knowledge)
- Funding

To supplement this document, each resident should also submit a brief (no more than 2 pages) Word document which includes the following:

- Statement of the problem
- Purpose of the project
- Value to the Medical Center/Pharmacy
- Brief background
- List of proposed co-investigators
- References

All submitted research proposals are reviewed and evaluated by the project mentor, RPD and the Pharmacy Residency Research panel.

Manuscript:

The final report for the project must be submitted in a format suitable for publication in the American Journal of Health-System Pharmacy or other publication mutually agreed upon by the Residency Director, project mentor and resident.

Teaching certificate

The Pharmacy Residency Programs at ZVAMC offer the residents the ability to achieve a Teaching Certificate program in conjunction with our Academic Affiliates. The programs offered are determined by the respective Residency Directors dependent on work flow of the Residency. Currently teaching certificates programs are being offered through the Concordia University of Wisconsin and the Medical College of Wisconsin. Note that the Teaching Certificate Programs may require time away from the residency as well as time after hours. Time spent on these activities after hours will not be monetarily compensated nor will time be compensated with in kind time off. The Concordia teaching certificate requires an on-site academic rotation. Other Residency responsibilities must continue to be maintained. In addition, the residents will be responsible for the fees associated with the program. Participation in a Teaching Certificate program is optional and residents are permitted to select which program they wish to participate in. The RPD will share more details regarding the teaching certificate programs at the start of the year.

Labs at Medical College of Wisconsin (MCW)

All PGY1 residents are required to participate in a minimum of 4 labs at the Medical College of Wisconsin School of pharmacy. This activity is optional PGY2s and should be discussed with the respective RPD. The number of labs required depends on if the resident is participating in the teaching certificate program or not. RPD and MCW course coordinator will work to schedule labs for PGY2 in their specialty area, if applicable. Lab assignments will be made at the beginning of the residency year but area subject to change.

Pharmacy, Nutrition and Therapeutics (PNT) Council

The residents serve as resource members of the ZVAMC Pharmacy, Nutrition, and Therapeutics (PNT) Council and as such are non-voting members. Attendance is at the discretion of the Residency Program Director. The PNT secretary should be notified of attendance and/or agenda items prior to the meeting.

Milwaukee City-Wide Residency Conference

ZVAMC participates in a network for all pharmacy residents in the metro Milwaukee area. PGY1 residents are expected to participate in the conferences held for this network, unless excused by their Residency Program Director. These activities are optional for PGY2 residents and should be discussed with the respective RPD.

Appendices (General)

Appendix A

Pharmacy Residency Mentoring Program Zablocki VA Medical Center

Purpose: The purpose of the mentoring program is to provide professional growth opportunities, expand clinical knowledge and skills through utilization of various learning resources, and to provide encouragement, advice, and feedback on the resident's progress. The relationship between the mentor and resident should be confidential; however, the Residency Program Director (RPD) and the Residency Advisory Board will help to foster the relationship and provide assistance to either the mentor or the resident whenever necessary.

Description: Each pharmacy resident will be assigned a mentor by the RPD in July of each academic year. The mentor-resident pair will be chosen according to the following factors as determined by the RPD: resident preference, mentor preference, personality pairings, and other factors deemed necessary by the RPD. The RPD will provide a copy of the initial Customized Training Plan to each mentor.

Mentor Qualifications: All qualified pharmacy preceptors will be invited to participate as mentors. Interested and qualified preceptors may not necessarily be chosen each year to mentor a resident. Mentors must:

- Have been in their current position for at least one year.
- Have received VHA Mentor certification.
- Have completed "Essential Mentoring Techniques: Mentoring Fundamentals" (Catalog # 2496969) module in TMS.
- Attend all scheduled Preceptor Meetings. If the mentor cannot attend a meeting, the mentor is responsible for assigning another preceptor to provide detailed feedback regarding the resident's progress.

Mentor Responsibilities:

- Sign the Mentor-Resident Agreement (Attachment A).
- Meet with the resident for a minimum of 1 hour each month.
- Utilize the GROW Model during mentoring sessions (Attachment B).
- Attend all on-site presentations given by resident and provide a "Presentation to a Group" Custom Evaluation in PharmAcademic (If mentor cannot attend, they must assign another preceptor to complete the evaluation).
- Act as a liaison between the resident and the RPD.
- Act as a liaison between the resident and the Residency Advisory Board/preceptors.
- The mentor will assist with developing the resident's Customized Training Plan and Evaluation each quarter focusing on strengths, weaknesses, interests, and goals (Attachments C and D).
- The mentor will track the resident's goals and objectives at least quarterly in order to assist the RPD in ensuring all goals and objectives are being met.
- Provide feedback at Preceptor Meetings to ensure preceptors are aware of the resident's progress.
- Document comments from each monthly meeting in the Customized Training Plan and Evaluation. This will be kept as a password protected file with access granted to the RPD, Mentor, and Resident.
- Document all mentor meetings as practical experience on the VHA Mentor Certification website in working towards Resident or Fellow level.

Residents Responsibilities:

- Sign the Mentor-Resident Agreement (Attachment A).
- Meet with their mentor for a minimum of 1 hour each month.
- Inform mentor of all scheduled presentations that they are assigned.
- Assist the mentor with the development of their own quarterly Customized Training Plan and Evaluation.

Program Assessment: Residents and mentors will be asked to assess the effectiveness of the mentor program and changes will be made by the RPD accordingly.

Dissolution: In the case, whereby a mentor-resident pair needs to be dissolved (resident request, mentor request, or observation by RPD that the pair is not functioning as intended), the RPD will reassign the resident to another mentor.

Attachment A

Mentor-Resident Agreement

Resident's Name: _____

Mentor's Name: _____

Resident agrees to:

- Meet with their mentor a minimum of 1 hour per month
- Contact their mentor ahead of time to reschedule appointment when necessary
- Provide their mentor with dates of scheduled presentations
- Actively participate in the development of their own quarterly Customized Training Plan

Mentor agrees to:

- Meet with the resident a minimum of 1 hour per month to:
 - Assist in expanding organizational knowledge and skills
 - Provide support
 - Provide assistance and explore available options in achieving goals and overcoming obstacles
- Contact the resident ahead of time to reschedule appointment when necessary
- Attend resident's presentations and complete a "Presentation to a Group" Custom Evaluation in PharmAcademic
- Assist with developing the resident's quarterly Customized Training Plan
- Provide feedback regarding resident's progress at each Preceptor Meeting to the resident.

Resident's Signature: _____ Date: _____

Mentor's Signature: _____ Date: _____

Attachment B

The GROW Model Worksheet

Instructions: Utilize this worksheet for a practical approach to mentor meetings.

Goal setting for the session as well as short- and long-term goals.

- Goals should be specific and measurable

Reality checking to explore the current situation.

- Where are you now?
- How far are you from your goal?
- What are potential obstacles?
- What are things that will help you achieve your goal?

Options and alternative strategies or course of action.

- Identify as many as possible
- Narrow down options

What is to be done, **when**, **by whom**, and the **will** to do it.

- Prioritize options
- Identify concrete steps to carry out the goal
- Be accountable

Quarterly Customized Training Plan Template

Instructions: Utilize this template to assist the resident with the quarterly Customized Training Plan (CTP) and Evaluation. The CTP should be completed at the start of the program and then quarterly. The resident and mentor, if applicable, should complete the CTP template first and then send to RPD for final review and uploading into PharmAcademic.

INITIAL CUSTOMIZED TRAINING PLAN (Date Completed:)

This training plan was developed using information the resident provided in the incoming skills survey, the ASHP entering interest form, and the baseline self-assessment of ASHP objectives which were submitted prior to starting the residency program. Full documents can be found in PharmAcademic. This plan will be reviewed and updated quarterly and will be posted in PharmAcademic every quarter.

Strengths:

Areas of Improvement:

Learning Style:

Career goals:

Short-term (3-5 years):

Long-term (5-10 years):

Residency goals:

Interests:

Changes to Program:

Summary:

Plans for the First Quarter:

FIRST QUARTER UPDATE/PLAN (Date Completed:)

Strengths:

Areas for Improvement:

Career Goals:

Short-term (3-5 years):

Long-term (5-10 years):

Interests:

Resident Progress:

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
 - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least twice)

- % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least once)
- Resident Portfolio Review
- Evaluation Timeliness

Changes to Program:

Summary:

Plans for the Second Quarter:

Documentation of review dates:

	Mentor	RPD (Jennifer Koch)
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are “Achieved for Residency”		
Review of Resident’s Electronic File of Work		
Face-to-face Customized Training Plan Meeting		

SECOND QUARTER UPDATE/PLAN (Date Completed:)

Strengths:

Areas for Improvement:

Career Goals:

Short-term (3-5 years):

Long-term (5-10 years):

Interests:

Resident Progress:

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
 - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least twice)
 - % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least once)
- Resident Portfolio Review
- Evaluation Timeliness

Changes to Program:

Summary:

Plans for Third Quarter:

Documentation of review dates:

	Mentor	RPD (Jennifer Koch)
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are "Achieved for Residency"		
Review of Resident's Electronic File of Work		
Face-to-face Customized Training Plan Meeting		

THIRD QUARTER UPDATE/PLAN (Date Completed:)

Strengths:

Areas for Improvement:

Career Goals:

Short-term (3-5 years):

Long-term (5-10 years):

Interests:

Resident Progress:

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
 - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as "Achieved" at least twice)
 - % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as "Achieved" at least once)
- Resident Portfolio Review
- Evaluation Timeliness

Changes to Program:

Summary:

Plans for Fourth Quarter:

Documentation of review dates:

	Mentor	RPD (Jennifer Koch)
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are "Achieved for Residency"		
Review of Resident's Electronic File of Work		
Face-to-face Customized Training Plan Meeting		

FOURTH QUARTER (FINAL) UPDATE/PLAN (Date Completed:)

Strengths:

Areas for Improvement:

Career Goals:

Short-term (3-5 years):

Long-term (5-10 years):

Interests:

Resident Progress:

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
 - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least twice)
 - % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least once)
- Resident Portfolio Review
- Evaluation Timeliness

Changes to Program:

Summary:

Documentation of review dates:

	Mentor	RPD (Jennifer Koch)
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are “Achieved for Residency”		
Review of Resident’s Electronic File of Work		
Face-to-face Customized Training Plan Meeting		

Documentation of Completion of Residency Requirements:

Requirement	Achieved
For the required R1 Goal, the resident must have 100% of objectives achieved for the residency & the goal achieved for the residency. Achieved for the residency is defined as – The resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required. The resident has been evaluated as having “Achieved” this objective at least twice. The goal will be marked as achieved for the residency once all objectives associated with R1 have been marked as achieved for the residency.	
For the remaining goals, the resident must have at least 80% of objectives achieved for the residency & the goal achieved for the residency. Achieved for	

the residency is defined as – The resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required. The resident has been evaluated as having “Achieved” this objective at least once. The goal will be marked as achieved for the residency once all objectives associated with R1 have been marked as achieved for the residency.	
The resident must complete all requirements as listed in requirement grid.	
The resident must complete a major research or quality improvement project. For a detailed list of project requirements please see program specific appendix.	
The resident must complete all evaluations in PharmAcademic®.	

Appendix B

Pharmacy Resident's Rights and Responsibilities

As a resident at the Clement J Zablocki VA Medical Center you have rights and responsibilities. Understanding your rights will ensure you get the most from your residency experience. Understanding your responsibilities will ensure you and future residents have the highest quality program and help you contribute to the profession of Pharmacy.

Resident Rights

- The resident has the right to have an active voice in their residency program allowing the program to be congruent with the resident's future career plans.
- The resident has the right to timely, specific, open feedback on the progress of their development.
- The resident has the right to adequate guidance for assigned responsibilities including the residency project.
- The resident has the right to dignity and respect and will not be discriminated against based on race, religion, gender, or other factors.
- The resident has the right to voice concerns regarding the residency rotations, assignments, preceptors, or other program concerns without the fear of retribution or penalty.
- The resident has the right to benefits (e.g. vacation time, sick leave, etc.) as outlined by the program.
- The resident has the right to practice in an environment and be shown a model of following applicable state and federal pharmacy laws and regulations and the practice Pharmacy in an ethical manner.

Resident Responsibilities

- The resident has the responsibility to complete required outcomes and goals of as outlined by the American Society of Health Systems Pharmacists standards.
- The resident has the responsibility to provide timely, specific, open feedback on preceptor performance and program structure.
- The resident has the responsibility to request assistance as needed for all assigned duties.
- The resident has the responsibility to treat preceptors, staff, fellow residents, and patients with dignity and respect without discrimination based on race, religion, gender, or other factors.
- The resident has the responsibility to voice concerns regarding the residency rotations, assignments, preceptors, or other program concerns to the appropriate personnel with specific details and suggestions for improvement to better the program.
- The resident has the responsibility to use benefits appropriately, communicating to the preceptors and Residency Program Director.
- The resident has the responsibility to follow all applicable state and federal pharmacy laws and regulations and to practice Pharmacy in an ethical manner.

The Residency Team is pleased to you have selected us to foster your pharmacy career. We view the residency experience as a partnership and commitment to mutually contribute to the future success of each other and the profession

Appendix C

Evaluation Form For Pharmacy Resident

Pharmacy Resident Name: _____

Rotation: _____

Dates with Team_____Team# (circle): I II III IV

Please rate on scale **1 (strongly agree)** through **5 (strongly disagree)**, or not applicable (NA).

Where you satisfied with the overall performance of the pharmacy resident on the medicine team?	1	2	3	4	5	NA

	1	2	3	4	5	NA
The pharmacy resident had good attendance to rounds (excluding weekends) and team activities?						

The pharmacy resident was able to respond quickly and efficiently to drug information questions?	1	2	3	4	5	NA
--	---	---	---	---	---	----

The pharmacy resident was appropriately assertive with the team?	1	2	3	4	5	NA
--	---	---	---	---	---	----

The pharmacy resident was an asset to the team?	1	2	3	4	5	NA

The pharmacy resident was a hindrance to the team? (e.g. the resident was in the way more than he/she was helpful)	1	2	3	4	5	NA

Specific things the pharmacy resident did well:

Specific areas the pharmacy resident needs to improve on:

Other Comments:

You are (please circle):

Attending Resident Intern Medical Student Other (Specify): _____

Evaluator Signature: _____ **Date:** _____

Resident Signature: _____ **Date:** _____

Mentor Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

Appendices (Pharmacy Residency Policies)

- Signed PDF versions of these policies available on Pharmacy Staff Intranet

Appendix D

PHCL 11

January 2020

Pharmacy Residency Preceptor and Residency Program Director Qualifications and Responsibilities

Purpose: To define qualifications to become and maintain preceptor status for the PGY1 and PGY2 Pharmacy Residency programs at the Clement J Zablocki VA Medical Center and its associated clinics.

Definitions:

- **Active participation** – Active participation is defined as attending at least 50% of the required meetings.
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **RAC** – Residency Advisory Committee
- **RPD** – Residency Program Director
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

Policy:

1. Being a preceptor of the ZVAMC Pharmacy Residency Programs is a privilege for pharmacists to allow for professional development and allows the individual to give back to the profession of Pharmacy.
2. It is imperative that pharmacists selected to be preceptors are highly qualified and motivated.
3. The following are the criteria to be a preceptor for the PGY1 Pharmacy Residency programs at ZVAMC: Bachelor's or PharmD degree plus 3 years of experience in the area in which the person will serve as a preceptor OR PharmD degree plus a PGY1 residency and 1 year of experience in the area in which the person will be a preceptor OR PharmD degree plus a PGY1 residency followed by a PGY2 ASHP accredited residency and at least 6 months of experience in the area in which the person will be a preceptor.
4. The following are the criteria to be a preceptor for the PGY2 Pharmacy Residency programs at ZVAMC: Completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advance practice area or without a PGY2 residency have 3 or more years of practice in the advanced area.
5. Preceptors serve as role models for learning experiences. They must:
 - a. Contribute to the success of residents and the program
 - b. Provide learning experience in accordance with ASHP standards
 - c. Participate actively in the residency program's continuous quality improvement processes
 - i. Participate in the Annual Preceptor Self-Assessment Process. Define annually a minimum of one measurable professional development goal with a plan to achieve that goal.
 - ii. Create an annual Preceptor development plan outlining any gaps in qualifications with action plans to address said gaps.
 - iii. Other processes as requested by the program and/or the RPD
 - d. Demonstrate practice expertise, preceptor skills, and strive to continuously improve
 - e. Adhere to the residency program and department policies pertaining to residents and services
 - f. Demonstrate commitment to advancing the residency program and pharmacy services
6. In addition to the ASHP defined criteria, all preceptors also must:

- a. Have active participation in RAC meetings for the PGY1 or PGY2 residency program(s) in which the person precepts. If, due to work schedule, the preceptor is unable to attend the scheduled meetings, the preceptor will provide feedback to the RAC.
 - b. Meets performance expectations associated with his/her functional statement.
 - c. Gives timely, actionable feedback to residents and perform timely evaluations, including verbal midpoints.
 - d. Demonstrate the ability to precept residents' learning experience with:
 - i. Ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents.
 - ii. Ability to assess residents' performance.
 - iii. Recognition in the area of pharmacy practice for which they serve as preceptors.
 - iv. An established, active practice in the area for which they serve as preceptor.
 - v. Maintenance of continuity of practice during the time of residents' learning experiences.
 - vi. Ongoing professionalism, including a personal commitment to advancing the profession.
 - e. Preceptors are also responsible to:
 - i. Develop and revise learning experience objectives in the agreed upon format for the residency program.
 - ii. Orient the Pharmacy resident to the rotation and discuss/define expectations.
 - iii. Provide frequent feedback to the pharmacy resident regarding his or her performance.
 - iv. Ensure adequate discussion of patients and topics relevant to the rotation.
 - v. Communicate any problems the pharmacy resident is having to the RPD at the earliest possible time.
 - vi. Make suggestions for improvements to the residency.
 - vii. Contribute ideas for projects and actively participate in projects as appropriate.
 - viii. Participation in the residency recruitment process including phone interviews and providing evaluation of candidates.
 - ix. Attend Pharmacy resident presentations and give honest and constructive appraisal.
7. Pharmacists new to precepting who do not meet the qualifications for residency preceptors as defined above will be designated as Preceptors in Training.
8. Non-pharmacist preceptors will only be used once the resident is assessed as ready for independent practice and a pharmacist preceptor works closely with the non-pharmacist preceptor to design the educational goals and objectives for the learning experience.
9. The following are the criteria to be eligible as a PGY1 Pharmacy RPD at ZVAMC:
 - a. Licensed pharmacist who have completed an ASHP-accredited residency with a minimum of 3 years of experience OR have completed an ASHP-accredited PGY1 and PGY2 residency with one or more years of Pharmacy practice OR a licensed pharmacist with 5 years or more of experience.
10. The following are the criteria to be eligible as a PGY2 Pharmacy RPD at ZVAMC:
 - a. Licensed pharmacist who have completed an ASHP-accredited PGY2 in the advanced practice area followed by a minimum of 3 years of practice experience OR 5 years of practice experience in the advanced area with a demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency.
 - b. Board Certification in the specialty when certification is offered in that area.
 - c. Maintenance of an active practice in the respective practice area.
11. The following are the required qualifications to be an RPD at ZVAMC:

- a. RPDs serve as role models as evidenced by leadership in the pharmacy program or within the organization through a documented record of improvements in and contributions to pharmacy practice, demonstrated ongoing professionalism and contribution to the profession, and representing pharmacy on appropriate drug policy and other committees of the pharmacy or within the organization.
12. The following are the required leadership responsibilities of the RPDs at ZVAMC:
 - a. RPDs serve as organizational leaders of residency programs and have responsibilities for the organization and leadership of a RAC; oversight of the progression of residents; implementing the use of criteria for appointment and reappointment of preceptors; evaluation, skills assessment, and development of preceptors in the program; continuous residency program improvement in conjunction with the RAC; and working with pharmacy administration.

Procedures:

1. Pharmacists interested in becoming a preceptor will make their interests known to the respective RPD(s).
2. To initiate the process, the interested pharmacist will complete the most recent annual Preceptor Self-Assessment and return to the respective RPD(s).
3. All Preceptors new to ZVAMC Residency Programs will have an Initial Pharmacy Preceptor Development Plan. See attachment A.
4. Based on provided responses in the annual Preceptor Self-Assessment, the RPD Board will determine which RPD or designee will be responsible for each component of the Initial Pharmacy Preceptor Development Plan.
5. As a group, the RPD Board will review the qualifications of the preceptor applicant as a group to make the determination if the applicant meets the requirements to be a preceptor for the respective program(s).
6. Preceptors in training:
 - a. The respective RPD will assign a preceptor who will act as an advisor/mentor or coach.
 - b. The Preceptors in Training will have a documented preceptor development plan to meet the qualifications for becoming a preceptor within 2 years.
 - c. At each RPD Board Meeting, the RPD Board will review the progress towards completion of the Initial Preceptor Development Plan. At this time, the RPD Board will also as a group make the determination of when preceptors in training may be promoted to full preceptors.
7. Annually all preceptors will complete a self-assessment to help identify preceptor development topics. As a component of the self-assessment, preceptors will self-identify a personal goal for the upcoming year. Information from the self-assessment will be kept on file as a part of the preceptor's individual plan for development.
8. When ZVAMC appoints a new RPD, a similar process as that for new preceptors will take place to mentor the new RPD in his or her responsibilities. This will include appointing a more experienced RPD to coach the new RPD through responsibilities of the RPD including ASHP accreditation, PharmAcademic, the National Match Program, VHA Office of Academic Affiliations, National VHA Residency Director Groups, and VHA Regulations.

Jennifer Koch, PharmD, BCGP, BCPS
Associate Chief of Pharmacy - Clinical
PGY1 Pharmacy (Milwaukee) Residency Director

Lindsey Ladell, PharmD, BCPS
Patient Safety Manager

PGY2 Medication Use Safety and Policy Residency Director

Claire Dysart, PharmD, BCIDP
Clinical Pharmacy Specialist – Infectious Diseases
PGY2 Infectious Diseases Residency Director

Kim Bell, PharmD
Pharmacy Division Manager

Shannon M. Pace, PharmD
Associate Chief of Pharmacy - NEWAC
PGY1 Pharmacy (Green Bay) Residency Director

Matthew Haas, PharmD, BCPP, BCPS
Clinical Pharmacy Specialist – Mental Health
PGY2 Psychiatry Residency Director
Jeremy Barnes, PharmD, BCPS
Clinical Pharmacy Specialist – Internal Medicine
PGY2 Internal Medicine Residency Director

Reference:

- ASHP Residency Accreditation guideline documents. Available at: <https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation>
- American Society of Health Systems Pharmacists (ASHP) 2019 PGY-1 Standards guidance document. Available at: <http://tiny.cc/b90jhz>.
- ASHP 2019 PGY-2 Standards guidance document. Available at: <http://tiny.cc/lg1jhz>

Attachment: Initial Pharmacy Preceptor Development Plan

Rescission: PH CL-11 Pharmacy Residency Preceptor and Residency Program Director Qualifications and Responsibilities, date October 2017

Review Date: January 2023

Attachment A

Initial Pharmacy Preceptor Development Plan

Applicant: _____

Date of Initial Application: _____

Program(s): _____

Rotation(s): _____

Initial Preceptor Development Plan:	Anticipated Completion Date	Responsible Person	Progress
The new preceptor will review the <i>Pharmacists' Letter</i> CE module entitled: Giving Effective Feedback (Pharmacist's letter CE) – Jen to send The new preceptor will review Preceptor Development presentation entitled "Criteria-Based Feedback" – Jen to send			
Review the following items in the Residency Manual Residency Program Design and Conduct discussion https://www.milwaukee.va.gov/edu/residencies/pharmacy/ <ul style="list-style-type: none"> - Residency Program Design and Conduct discussion - Residency Policies - Program specific appendix and requirements 			
Review the following documents on the ASHP: PGY1 Competency Areas, Goals and Objectives https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation			
Discussion on the 4 Preceptor Roles http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html			
PharmAcademic Introduction https://www.pharmacademic.com/-Review_presentation			
Review ASHP Accreditation Standard 4 (Requirements of the Residency Preceptors)			
Pharmacy Residency Recruitment Review			
<ul style="list-style-type: none"> • Submitted preceptor biography (for website) 			
<ul style="list-style-type: none"> • Picture taken for Residency Website 			
Application for MCW and UW-Madison College of Pharmacy			
Introduce Preceptor Assessment Form			
Follow up after first rotation			
Follow up after second rotation			
Meet ASHP standards for preceptor within 3 years			

Initial Placement:

- ☐ **Preceptor**
- ☐ **Preceptor in Training**
 - **If Preceptor in Training, indicate Date for Review for Promotion to Preceptor:**
 - **If Preceptor in Training, indicate Mentor:**

ZRPD Board Review Dates:

Appendix E

PHCL 2

January 2020

Pharmacy Resident Candidate Qualifications and Selection Process

Purpose: To establish the minimum qualifications to be considered for the PGY1 and PGY2 Pharmacy Residency Programs. To specify method by which candidates are selected for the ZVAMC Pharmacy Residency Programs.

Definitions:

- **ACPE** – Accreditation Council for Pharmacy Education
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **PhORCAS** - Pharmacy Online Residency Centralized Application Service
- **RMP** – Residency Matching Program, “The Match”
- **RPD** – Residency Program Director
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

Policy:

1. ZVAMC incorporates an Early Commitment Process, whereby the position of the PGY2 Infectious Diseases, PGY2 Internal Medicine, PGY2 Psychiatry, or PGY2 Medication Use Safety and Policy specialty residency programs can be committed to a current ZVAMC PGY1 resident in advance of the matching process. Please refer to PH CL 7 – PGY2 Early Commit Policy for full details of that process.
2. All candidates for ZVAMC residency programs must be enrolled in (with anticipated graduation) prior to the start of the residency (PGY1) or graduates of a Pharmacy School accredited by ACPE. Candidates from schools in “candidate status” are eligible to apply but full accreditation of the Pharmacy School is required prior to the residency program commencing.
3. Resident candidates must be US citizens.
4. The ZVAMC Residency Programs will participate in the RMP through the PhORCAS system, unless the Early Commitment process is utilized.

Procedure:

1. For the first and second round, all resident candidates must participate in the RMP, when the program is participating in the RMP. The ZVAMC Pharmacy Residency Programs abide by all terms and conditions of the RMP.
2. All resident candidates must submit the following materials to be considered:
 - a. Letter of Intent
 - b. Transcripts from College of Pharmacy
 - c. Curriculum Vitae
3. Via PhORCAS (for programs participating in the RMP), three individuals will serve as references on behalf of PGY1 candidates. A letter may accompany the PhORCAS submission, but is not required.
4. PGY2 candidates have additional requirements:
 - a. All candidates for the ZVAMC PGY2 programs must have successfully completed an American Society of Health-Systems Pharmacists (ASHP) accredited PGY1 Pharmacy Practice Residency or equivalent experience. If the candidate is in the process of completing a PGY1 program, successful completion will be required as part of the terms and conditions upon acceptance into the PGY2 program.

- b. Candidates must be licensed to practice pharmacy in any state
5. Resident candidates must participate in an interview to be considered for the ZVAMC residency programs.
6. Candidates will be screened to offer interviews. Considerations will include writing skills, Letters of Recommendation (if applicable), grade point average (if applicable), leadership activities, pharmacy experience, VA experience, contributions to the profession (publication, presentation, etc.) and phone interview performance (if applicable).
7. Following the interview, preceptors will assign a numeric score to each resident based on the application materials and interview performance.
8. Preceptors and current residents will meet to discuss the numeric ranking of candidates. Significant alterations in candidate rank order are generally avoided to maintain the relative objectivity of candidate assessment based on application and interview. As part of this meeting, discussion will also take place to determine if any resident candidates should be omitted from the rank order list.
9. The RPD will submit the rank order list to the RMP, unless the Early Commit Process is used.
10. The RPD is responsible for contacting candidate(s) matched within 5 business days of the match results being released.
11. In the event vacancies remain after both phase 1 and phase 2 of the match process, the RPD or their designee will contact unmatched candidates from the rank process or other interested parties. If the candidate did not previously interview at the facility, the same application materials and interview would be required.

Jennifer Koch, PharmD, BCGP, BCPS
Associate Chief of Pharmacy - Clinical
PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD
Associate Chief of Pharmacy - NEWAC
PGY1 Pharmacy (Green Bay) Residency Director

Lindsey Ladell, PharmD, BCPS
Patient Safety Manager
PGY2 Medication Use Safety and Policy Residency
Director

Matthew Haas, PharmD, BCPP, BCPS
Clinical Pharmacy Specialist – Mental Health
PGY2 Psychiatry Residency Director

Claire Dysart, PharmD, BCIDP
Clinical Pharmacy Specialist – Infectious Diseases
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS
Clinical Pharmacy Specialist – Internal Medicine
PGY2 Internal Medicine Residency Director

Kim Bell, PharmD
Acting Pharmacy Division Manger

References:

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.
- National Resident Match Program. Available at: <http://www.nrmp.org>.
- Pharmacy Online Residency Centralized Application Service. Available at: <https://portal.phorcas.org/>.
- PH CL 7 – PGY2 Early Commit Policy.

Review Date: January 2023

Rescission: Pharmacy Resident Candidate Qualifications and Selection Process, dated October 2017.

Appendix F

PH CL 7

January 2020

**Clement J Zablocki VA Medical Center
Pharmacy Program
Post Graduate Year Two (PGY2) Early Commitment Policy**

- I. Policy:
 - A. The Zablocki VA incorporates an Early Commitment Process, whereby the position of the PGY2 Infectious Diseases, PGY2 Internal Medicine, PGY2 Psychiatry, or PGY2 Medication Use Safety and Policy specialty residency programs can be committed to a current PGY1 resident at ZVAMC in advance of the matching process.
 - B. Both the Post Graduate Year One (PGY1) and PGY2 residencies will be continuous years of employment within the Zablocki VA.
 - C. Once the residency program offers the appointment to the resident and the resident agrees to accept the appointment, the residency program and the resident acknowledge that this appointment will be contingent on the resident satisfying all PGY1 residency program requirements.
- II. Procedure:
 - A. The Residency Program Director (RPD) will provide PGY2 program information related to eligibility requirements and clinical training to interested candidates. The Residency Manual of the PGY2 program will be available to the interested candidate which includes the requirements for successful completion of the residency program.
 - B. Interested PGY1 residents must submit the following to the respective RPD no later than the second Friday in November:
 - 1. Letter of intent
 - 2. Curriculum vitae
 - C. All interested PGY1 residents will be formally interviewed by the respective RPD and PGY2 preceptors.
 - a. Application materials, performance during completed first-year rotations, career goals, professionalism, leadership skills, verbal communication skills, and written communication skills will be used to evaluate each resident. If more than one PGY1 resident applies to the PGY2 program, a numeric score will be assigned to each resident based on previously mentioned criteria, overall recommendation provided by PGY-1 Residency Program Director, and interview performance, to determine final ranking
 - b. The PGY2 Residency Program Director, preceptors and the current PGY2 resident (if applicable) will meet to discuss the candidates to determine which candidate(s) is the best fit for the program. The current PGY2 resident may choose to opt out of the interviewing and selection process. The chosen candidate will then be formally offered the position.
 - c. If no candidate is deemed appropriate, the program will participate in the Residency Match Program.
 - D. Once the position of the PGY2 residency is offered and accepted, the American Society of Health-System Pharmacists Resident Matching Program Letter of Agreement form will be signed by the resident and RPD. This letter along with the payment must be returned to the National Matching Program (NMP) by the deadline designated by NMP. By signing this agreement, it is understood that:

1. The resident will not make any commitments to or contracts with any other program for PGY2 training beginning the following year. If the resident has already registered for the Match, the resident agrees to be withdrawn from the Match.
2. The residency program agrees to have the position withdrawn from the Match.
3. The residency program agrees that the PGY2 position that has been committed to the resident will not be offered to any other applicant without a written release from the resident.

Jennifer Koch, PharmD, BCGP, BCPS
Associate Chief of Pharmacy - Clinical
PGY1 Pharmacy (Milwaukee) Residency Director

Lindsey Ladell, PharmD, BCPS
Patient Safety Manager
PGY2 Medication Use Safety and Policy Residency
Director

Claire Dysart, PharmD, BCIDP
Clinical Pharmacy Specialist – Infectious Diseases
PGY2 Infectious Diseases Residency Director

Kim Bell, PharmD
Acting Pharmacy Division Manager

Shannon M. Pace, PharmD
Associate Chief of Pharmacy - NEWAC
PGY1 Pharmacy (Green Bay) Residency Director

Matthew Haas, PharmD, BCPP, BCPS
Clinical Pharmacy Specialist – Mental Health
PGY2 Psychiatry Residency Director

Jeremy Barnes, PharmD, BCPS
Clinical Pharmacy Specialist – Internal Medicine
PGY2 Internal Medicine Residency Director

References:

- National Matching Service Rules. Available at: <http://www.natmatch.com/ashprmp/aboutecp.html>
- American Society of Health Systems Pharmacists. Available at www.ashp.org.

Review Date: January 2023

Rescission: PH CL 7 PGY2 Early Commitment Policy, dated October 2017.

Pharmacy Resident Grievance Process, Disciplinary Action, & Dismissal Policy

Purpose: To establish policy and procedures related to need for the grievance process, disciplinary action and procedures for dismissal of a Pharmacy Resident at the Clement J. Zablocki VA Medical Center (ZVAMC). This policy encompasses both the PGY1 program as well as the PGY2 programs.

Definitions:

- **ACPE** – Accreditation Council for Pharmacy Education
- **ASHP** – American Society of Health Systems Pharmacists
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **Residency Advisory Committee** – Committee comprised of the PGY1 and PGY2 Residency Program Directors and appointed preceptors of the PGY1 and PGY2 programs.
- **WOC** –Without Compensation
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

Policy:

1. Residents are employees of the Medical Center. As such they are subject to all rules and regulations pertaining to personnel of the Medical Center. In addition, they are also subject to the requirements of the residency program.
2. Residents are expected to conduct themselves in a professional manner and to follow all pertinent Medical Center, Pharmacy Program and University policies and procedures. Residents are also expected to meet the standards for “minimum expected level of performance” for all performance elements to receive a residency certificate.
3. Criteria have been established to outline the course of action that will be taken if a resident displays unprofessional conduct or unacceptable performance. Each resident and preceptor is expected to perform in an exemplary manner. Please also refer to the Resident's Rights and Responsibilities.
4. Grievance Process
 - a. The Residency Preceptors believe that most problems are best resolved through face-to-face interaction between the resident and preceptor (or other staff), as part of the on-going working relationship. Residents are encouraged to first discuss any problems or concerns with their preceptor. In turn, preceptors are expected to be receptive to complaints, attempt to develop a solution with the resident, and to seek appropriate consultation. If resident-preceptor discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the resident.
 - b. **Informal mediation:** Either party may request that the Residency Director act as a mediator, or help in selecting a mediator who is mutually agreeable by both the resident and the preceptor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the resident change learning experiences (or make some other alteration in their learning competencies, goals and objectives) in order to maximize their learning experience. Residents may also initiate a request to adjust learning experiences. Changes in learning experiences must be reviewed and approved by the Residency Director, and must still fulfill all residency requirements.

- c. **Formal grievances:** In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the resident or preceptor may initiate a formal grievance process by sending a written request for intervention to the Residency Director.
- i. The Residency Director will notify the Pharmacy Division Manager of the grievance, and call a meeting of the Residency Advisory Committee to review the complaint. In the event the resident is a PGY2, the Pharmacy Clinical Manager will also be notified. The resident and preceptor (or other staff) will be notified of the date of the review and be given the opportunity to provide the Residency Advisory Committee with any information regarding the grievance.
 - ii. Based upon a review of the grievance and any relevant information, the Residency Advisory Committee will determine the course of action which best promotes the resident's learning experience. This may include recommended changes within the learning experience itself, a change in preceptor assignment, or a change in learning experience.
 - iii. The resident will be informed in writing of the Residency Advisory Committee's decision, and asked to indicate whether they accept or dispute the decision. If the resident accepts the decision, the recommendations will be implemented. If the resident disagrees with the decision, the resident may appeal to the Pharmacy Division Manager, who will be familiar with the facts of the grievance review. The Pharmacy Division Manager will render the appeal decision, which will be communicated to all involved parties and to the Residency Advisory Committee.
 - iv. In the event that the grievance involves any member of the Residency Advisory Committee (including the respective Residency Director), that member will excuse themselves from serving on the Residency Advisory Committee for issues related to the grievance due to a conflict of interest. A grievance regarding the Residency Director may be submitted directly to the Pharmacy Division Manager for review and resolution in consultation with the Residency Advisory Committee.
 - v. Any findings resulting from a review of a grievance that involves unethical, inappropriate, or unlawful staff behavior will be submitted to the employee's direct supervisor (either in Pharmacy or other Division) for appropriate personnel action.

5. Discipline/Dismissal Policy:

- a. Grounds for Discipline/Dismissal: If a resident demonstrates unprofessional conduct or unacceptable performance as defined below disciplinary action will be taken. The definitions are intended to give examples, but are not limited to items listed.
 - i. Unprofessional Conduct: Residents are responsible for participating in the care of patients at ZVAMC as part of a multi-disciplinary team. The residents will be held to a high standard of conduct, cooperation, and service. Any resident who violates these standards in such a manner as to jeopardize patient welfare, the safety of patients and/or staff, or to impair the medical center's ability to provide essential care may be considered for immediate dismissal. This includes, but is not limited to the following:
 - Patient abuse
 - Possession of a firearm, explosives, or other weapon on station
 - Possession of illicit drugs or alcohol on government property
 - Under influence of illicit drugs or alcohol on government property
 - Providing false information on application or during an official investigation
 - Abandonment of duty, including but not limited to abuse of annual leave or sick leave
 - Violating VA Medical Center policies and procedures

- Violating ethics or laws of pharmacy practice

Less serious breaches of conduct, as described in the Employee Handbook, may require disciplinary action. Repeated offenses may lead to suspension (without pay) or dismissal.

Residents are expected to conduct themselves at all times in a professional manner. Lack to do so may also result in disciplinary action.

- ii. Unacceptable performance: If a resident fails to meet the requirements of the residency program, as established by the ASHP Accreditation and as set forth in this residency manual, disciplinary action may be taken. Repeated failure to meet the requirements as established in this residency manual may lead to suspension (without pay) or dismissal. This includes, but is not limited to the following:

- Repetitive failure to complete assignments
- Being late for clinical assignments
- Providing false information on evaluation forms
- Failure to complete evaluation forms as scheduled
- Failure to develop proficiency in the skills necessary to clinical pharmacy practice
- Failure to receive "Satisfactory Progress" (SP) for evaluation of all competencies, goals and objectives as assigned in the residency manual.
- Inadequate progress on Pharmacy Practice Requirements as defined by the Residency Advisory Committee (PGY1 Programs only)
- Failure to achieve timely pharmacy licensure Residents are expected to have completed all necessary licensure obligations by October 1st. In the event the resident has not attained licensure by this date, the Residency Advisory Committee will review progress towards licensure. If insufficient progress towards licensure is determined by the Residency Advisory Committee this may be grounds for disciplinary action as described below.

- b. The residency program aims to develop advanced professional competence. Conceivably, a resident could be seen as lacking the competence for eventual independent practice due to a serious deficiency in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the Residency Director or Residency Advisory Committee will help residents identify these areas and provide remedial experiences or recommended resources in an effort to improve the resident's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the resident would not get credit for the residency unless that problem was remedied. Should this ever be a concern, the problem must be brought to the attention of the Residency Director at the earliest opportunity in order to allow the maximum time for remedial efforts.

- c. The normal steps in a disciplinary/dismissal action process are as follows:

- i. Residents will be given verbal counseling by their primary preceptor or residency director if they fail to adhere to the residency requirements or VA policies and procedures. They will be counseled on the actions necessary to rectify the situation involved. The remedy or disciplinary actions will be decided solely by the involved primary preceptor or residency director. This verbal counseling will also be documented in their Residency Training File and posted in PharmAcademic by the involved primary preceptor or residency director. The residency director must be informed of the action if they are not directly involved.
- ii. If a resident fails to correct his/her behavior, the Residency Advisory Committee will meet and decide an appropriate disciplinary action for the resident (such as an additional

project, removal from certain activities or working after normal hours, etc.) This action will be documented again in their Residency training file and will be immediately communicated to the Residency Preceptors. No approval is required from the Pharmacy Division Manager if the disciplinary action does not affect patient care services. If the disciplinary action would affect patient care services (e.g. being removed from direct patient care), appropriate service managers/clinical coordinators should be consulted.

- iii. Unsatisfactory resolution of problems following the above will result in a final termination of the resident from the program. Final termination will be with a consensus of the RPD, Pharmacy Division Manager, and a majority of the Residency Preceptors. Any benefits of compensation will be forfeited. A written notice of termination will be prepared and the resident given a copy. This termination is final and the resident will not be allowed to complete the residency program.

6. **Awarding a residency certificate:** It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency it will be made clear that objectives are or are not being met. Some individuals may need remedial actions. If remedial actions are insufficient the residency certificate will not be issued. This determination will be made jointly by the Residency Program Director, Residency Advisory Committee, the Pharmacy Clinical Manager, and the Pharmacy Division Manager.

- a. In the event the resident fails to comply with the disciplinary action, has unfulfilled practice or residency requirements, fails to complete required evaluation forms of the residency program, or fails to meet the minimum standards for the residency program, a residency certificate will not be awarded.
- b. If requirements are not fulfilled by the end of the resident's employment period, and the Residency Advisory Committee determines that the remaining deficiencies are achievable, the resident may be given the opportunity to complete requirements under a Without Compensation (WOC) appointment. In this case, all requirements would need to be completed within 90 days, and any time spent completing requirements would not result in payment of the resident. If all requirements were then completed to the satisfaction of the Residency Advisory Committee, a residency certificate would then be awarded.

Jennifer Koch, PharmD, BCGP, BCPS
Associate Chief of Pharmacy - Clinical
PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD
Associate Chief of Pharmacy - NEWAC
PGY1 Pharmacy (Green Bay) Residency Director

Lindsey Ladell, PharmD, BCPS
Patient Safety Manager
PGY2 Medication Use Safety and Policy Residency
Director

Matthew Haas, PharmD, BCPP, BCPS
Clinical Pharmacy Specialist – Mental Health
PGY2 Psychiatry Residency Director

Claire Dysart, PharmD, BCIDP
Clinical Pharmacy Specialist – Infectious Diseases
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS
Clinical Pharmacy Specialist – Internal Medicine
PGY2 Internal Medicine Residency Director

Kim Bell, PharmD
Acting Pharmacy Division Manger

Rescission – PH CL 3Pharmacy Resident Grievance process, Disciplinary Action, & Dismissal Policy, dated October 2017.

Review Date: January 2023

Appendix H

PH CL 10

January 2020

Clement J Zablocki VA Medical Center Pharmacy Program Criteria for Successful Completion of the Residency Program

Purpose: To establish the criteria for successful completion of the Residency Program. Residents will be awarded a residency certificate if all of the criteria are met.

Definitions:

- **IRB-** Investigational Review Board
- **ASHP-** American Society of Health System Pharmacists
- **RPD** – Residency Program Director

Policy:

The following are required criteria that the resident must meet prior to receiving a residency certificate:

1. The resident must complete all requirements as listed in requirement grid. Please see respective program appendix for requirement grid.
2. The resident must complete a major research or quality improvement project. For a detailed list of project requirements please see program specific appendix.
3. For rotation evaluations, the residents must have 100% of R1 goals and objectives rated as “achieved for residency”. The resident must have > 80% of the remaining required residency objectives rated as “achieved for the residency”. The resident may not have any objectives marked as “Needs improvement” the last time an objective is evaluated for the year.

Definitions for assessment levels are listed below:

- a. **Achieved for the Residency (ACHR):** This designation indicates that the resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required. Only the RPD (or designee) has the ability to mark “achieved for residency” within PharmAcademic. For R1 objectives, a rating of “achieved” must be entered into evaluations for a given objective a minimum of two times prior to the RPD (or designee) marking the objective as ACHR. For all other objectives, a rating of “achieved” must be entered into evaluations for a given objective at least once prior to the RPD (or designee) marking the objective as ACHR. Goals will be marked ACHR when all of the objectives within the goal are ACHR.
- b. **Achieved:** The resident has fully demonstrated the ability to perform the educational goal or the objective without assistance from preceptor.
- c. **Satisfactory Progress:** The resident is able to perform the task at a satisfactory level and requires minimal input or help from the preceptor. This applies to an educational goal or objective whose achievement requires skill development during more than one learning experience. In the current learning experience the resident has progressed at the required rate to attain full ability to perform the goal by the end of the program.

- d. **Needs Improvement:** The resident requires consistent help and instruction from the preceptor in order to complete the task. Often times directed questioning in a problem-solving manner is required to help the resident finish the task.
4. The resident must complete all evaluations in PharmAcademic® within 7 days of the due date.

Jennifer Koch, PharmD, BCGP, BCPS
Associate Chief of Pharmacy - Clinical
PGY1 Pharmacy (Milwaukee) Residency Director

Lindsey Ladell, PharmD, BCPS
Patient Safety Manager
PGY2 Medication Use Safety and Policy Residency
Director

Claire Dysart, PharmD, BCIDP
Clinical Pharmacy Specialist – Infectious Diseases
PGY2 Infectious Diseases Residency Director

Kim Bell, PharmD
Acting Pharmacy Division Manager

Shannon M. Pace, PharmD
Associate Chief of Pharmacy - NEWAC
PGY1 Pharmacy (Green Bay) Residency Director

Matthew Haas, PharmD, BCPP, BCPS
Clinical Pharmacy Specialist – Mental Health
PGY2 Psychiatry Residency Director

Jeremy Barnes, PharmD, BCPS
Clinical Pharmacy Specialist – Internal Medicine
PGY2 Internal Medicine Residency Director

References:

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.

Rescission – PH CL 10 Criteria for Successful Completion of the Residency Program, dated October 2017.

Review Date: January 2023

Appendices (Individual Program Materials)

Appendix I – PGY1 Practice Program Materials

Block Learning Experiences

The residency schedule is customized to ensure the resident meets their personal goals and objectives for the residency program. *Required learning experiences will be scheduled at a minimum of 4-weeks blocks. If a resident would choose to complete 6 weeks of a required experience it will be scheduled in one 6-week block, however if the resident chooses to complete 8 weeks the experience, it will be divided into two 4-week blocks. Most elective experiences have a 3-week minimum requirement.

Below are the offered rotations and lengths. Residents will be asked to select their desired lengths when they complete the PGY1 Incoming Skills Survey (see attachment 1) prior to the start of the residency.

	Minimum	Maximum	Resident Selection
<u>Required rotations</u>			
Cardiology (inpatient)	4	8	
Critical Care (inpatient)	4	8	
Internal Medicine (inpatient)	4	8	
Infectious Disease (inpatient/outpatient)	4	8	
Oncology (outpatient)	4	8	
Mental Health (required unless done as APPE at VA)	3	6	
Primary Care (PACT)	6	12	
Orientation	2	2	2
Training/Project	4	4	4
Recruitment	1	1	1
<u>Electives</u>			
Academia (Concordia, MCW)	4	8	
Heart Clinic (outpatient)	3	6	
Endocrine (inpatient/outpatient)	4	6	
Emergency Department (outpatient)	3	6	
Geriatrics/HBPC (inpatient/outpatient)	3	6	
Medication Safety (admin)	3	6	
Neurology (outpatient)	4	6	
Nutrition (inpatient)	2	4	
Spinal Cord Injury (inpatient)	3	6	
TOTAL			

Longitudinal Learning Experiences

In addition to the assigned block learning experiences, residents will be given the opportunity to participate in clinical pharmacy activities over the longitude of the residency program. The following longitudinal learning experiences are required for all residents:

- ECC/SCI anticoagulation monitoring
- Project
- Administration
- Pharmacoeconomics
- Geriatric Evaluation and Management (GEM) – Chart review and ICP meetings
- Weeknight staffing

All longitudinal experiences will be scheduled for the length of the full year and evaluations will be completed quarterly in PharmAcademic. Residents are also expected to complete a quarterly self-evaluation for each of these experiences. It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. Balancing block rotation responsibilities along with longitudinal activities prepares residents for clinical practice where multiple demands need to be assessed, prioritized, and managed.

Extended care (ECC) & Spinal Cord (SCI) Anticoagulation Monitoring: All residents participate in anticoagulation management of Extended Care and Spinal Cord Injury patients throughout the year. At the beginning of the residency year, residents will receive anticoagulation training. Incorporated with the training will be the co-management of patients in conjunction with an experienced clinician. After the residents have become competent anticoagulation providers, and their clinical scopes of practice reflect this, residents will be assigned patients who they will be responsible for during the residency year and throughout the patients' admission to the specified units. While assigned the patient, the resident will be responsible for all anticoagulation dosing, lab monitoring, progress note documentation, and anticoagulation discharge planning for the patient. Any major clinical issues should be addressed by the resident to the Primary Physician in charge of the care of the patient. Please refer to the learning experience description for this longitudinal experience for more details. One resident will be responsible for checking a daily anticoagulation list and sending daily email communication. This resident will be responsible for ensuring all new patients are assigned to a pharmacist/resident for monitoring.

Project: A completed research or quality improvement project is required during the residency program. The intent of the project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research or quality improvement. A list of potential projects is provided by the program. Discussions with the preceptors of possible projects should be undertaken early in the residency. After deciding upon a topic, a project mentor will be responsible for guiding the resident through the entire project. Residents will also be asked to present their project to the Pharmacy Residency Research Panel. Each resident is expected to have made sufficient progress to present results at the Wisconsin Pharmacy Residency Conference (or other conference as agreed upon by RPD) which takes place in the spring. A final manuscript is required, and residents are encouraged to pursue publication. Refer to program specific program appendix in residency manual for more information including a timeline. A quarterly evaluation will be completed by project mentor for this experience.

Administration: Throughout the residency program, the resident will be exposed to pharmacy administration and drug use policy issues. These are incorporated into the residency to make a more true to life experience than devoting a full block to the activity. Part of the pharmacy administration experience will include meetings with the Pharmacy Program Director and other leaders to discuss administrative topics. Please refer to the PGY1 Pharmacy Requirement Grid in the manual for a detailed list of administrative tasks and experiences. Residents will rotate

responsibilities on the Drug Safety Subcommittee throughout the year. Drug Safety responsibilities may include preparing meeting agenda, taking meeting minutes, preparing adverse drug reaction (ADR) report, and following up on action items from the meeting (responsibilities vary from year to year depending on PGY2 Medication Safety residency position being occupied). Additionally, residents are expected to attend other meetings of groups overseeing drug use (Pharmacy, Nutrition, and Therapeutics Council; Clinical Pharmacy Meetings), Journal Club, staff meetings and other relevant medical conferences. A quarterly evaluation will be completed by RPD or designee for this experience.

Pharmacoeconomics: Residents are responsible for reviewing and completing prior authorization drug request (PADR) throughout the residency year. The number and/or complexity of PADR requests will increase over the course of the year. Formulary management pharmacists will serve as preceptors for this experience and will complete a quarterly evaluation in PharmAcademic.

Geriatric Evaluation and Management (GEM) team – GEM is one inpatient service provided under the extended care (ECC) umbrella. Patients admitted to GEM are 65 years old or older and require therapy (PT, OT, etc) or other services prior to discharge. The GEM team is comprised of an attending, medical residents and medical students. Once weekly there is an interdisciplinary GEM team meeting. PGY1 pharmacy residents are the pharmacy representative at this meeting. Additionally, residents complete chart reviews for all GEM patients each month (average of 2 - 3 per month). It is recommended to complete the chart review prior to the interdisciplinary meeting for all new patients. Training for GEM rounds and chart reviews is provided during orientation.

Weeknight staffing – PGY1 residents will be scheduled for one weeknight staffing shift per week. The hours for this experience will be 1630 to 2000. The day of the week assigned will rotate throughout the year as equitably as possible. This experience is estimated to start around early September. The responsibilities during the staffing experience will evolve over the course of the year. Residents will start with outpatient staffing experiences which will include filling, checking prescriptions, processing prescriptions, counseling patients and answering phones. Inpatient experiences will occur later in the year which will include preparation, IV room staging, processing and checking of unit dose and IV medications, troubleshooting phone calls to the IV room, and performing PK and anticoagulation monitoring. Residents will also have opportunity to staff in the Emergency Department late in the residency year.

The goal of weeknight staffing is for the resident to progress over the course of the year in order to function as a central pharmacist in either outpatient or inpatient pharmacy in an independent manner by the end of the year. Quarterly feedback will be provided to residents and an PharmAcademic evaluation will be completed. Residents must report to the lead pharmacist during each shift. If day-of leave is needed (e.g. sick leave) the resident must contact the inpatient pharmacy supervisor and the lead pharmacist. If a resident is scheduled for staffing shift on day that annual leave is requested, the resident is responsible for switching with a peer to cover the shift. Leave conflicts should be communicated both with the inpatient pharmacy supervisor and the RPD.

PGY1 Residency Requirements

To ensure that graduates of the PGY1 Pharmacy Residency Program are competent practitioners, a set of Pharmacy Practice Requirements has been developed. See Attachment 3. All activities of this requirement must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The resident and mentor should review and sign off on this list monthly, and the Residency Director will review progress quarterly when completing the Customized Training Plan.

In addition to learning experienced listed above the residents also participate in the following activities over the course of the residency year:

University of Wisconsin Milwaukee-hub site coordinators:

In return for the stipend provided by UW, PGY1 Residents have multiple responsibilities related to the scheduling, orientation, education and coordination of UW pharmacy students in the Milwaukee hub. Residents will be required to facilitate UW Case Presentations for the Ambulatory Care and Acute Care Courses and the UW Discussion seminar sessions. Additional UW responsibilities include the organization and grading of clerkship students and setting up for the annual UW meetings hosted at ZVAMC. UW clerkship blocks are 6 weeks long and are classified as one of the following four experiences:

- 740 – Clinical Acute Care Rotation. Students work with acute medical teams on acute care wards to follow patients on daily basis.
- 742 – Institutional Rotation. Students rotate through different setting of the inpatient pharmacy to learn distributive and administrative functions of the medical center's pharmacy.
- 741 – Ambulatory Care Rotation.
- 760 – Specialty Rotations. ZVAMC offers a number of specialty rotations. These include Primary Care, Oncology, Infectious Disease, Cardiology, Critical Care, Mental Health, Spinal Cord Injury, and Geriatrics.

Grading forms, orientation pieces, and other forms for the University of Wisconsin can be found in the corresponding UW Manual. Training for clinical inquiry grading will be provided by UW.

Block leaders

The residents will rotate being the block leader for each of the UW rotation blocks. The block leader is not expected to complete necessary activities by him or herself but will be the point person and the one to coordinate all activities that block.

Duties of the block leader

- Emailing students welcoming them to the block and setting dates for case presentations (over the noon hour, last 2 weeks of the block. Typically 2 students/day)
- If virtual, communicate dates/times to UW Madison to create Zoom meeting
- If the meeting is virtual, block leader is responsible for set-up of AV equipment and attendance
- Remind students to email materials prior to presentation day (expected to be turned in by 5pm one day prior to presentation)
- Email materials, rubric, and zoom meeting to clinical pharmacists on day of scheduled presentation
- Collect rubrics from all clinical pharmacists, calculate final grade (mean grade of all rubrics collected) , and email all rubrics to the student.

Orientation to the VA

All students at the VA full time, will be given an orientation to the VA the first day of the block. The orientation will be provided by residents receiving a stipend from the University of Wisconsin.

Case Presentations

All 740 and 741 students must present a case presentation. Case presentations are given over the noon hour using typically the last 2 weeks of the rotation. Case presentation date assignments will be made by the block leader

Resident responsibilities for the case presentations include the set-up of the AV equipment (for in person presentations), facilitation of virtual meeting (if virtual presentation), attendance at the

case presentations and grading of case presentations. At the conclusion of the case presentation, one resident will collect all evaluation forms, tabulate results and calculate a mean. This mean and the forms will be returned to the students. In addition, all grades will be recorded by evaluator for quality assurance purposes.

UW Seminar

All Milwaukee hub students will attend seminar discussion at the VA (or as scheduled by UW (or virtually). Dates and times may vary, based on resident availability. The first 3-4 weeks of the block will consist of orientation or presentations to students. Prior to the session, students may be assigned topics or readings.

Residents are responsible for presenting the discussion materials. The residents do not need to present all material, but are responsible for arranging speakers/activities for all sessions. Residents are responsible for taking student attendance at seminar sessions and logging in the UW grading system.

*Of note, seminar schedule changed significantly due to COVID. Structure will be communicated at UW training session which usually occurs within the first 3 weeks of residency.

Project Presentations:

The final weeks of each block will be project presentations for course 760. Project presentation dates will be assigned by the UW Clinical Manager or designee. Residents will grade the project presentations and log the grade into the UW grading system.

Residents are responsible for all necessary audio-visual equipment set-up if onsite.

Clinical inquiry grading

Each 760 Student is required to submit one clinical inquiry for grading per rotation block. These clinical inquiries will be assigned to the residents receiving a stipend from the University of Wisconsin for grading purposes. Each information question must be graded according to the University of Wisconsin Evaluation Form. All questions must be graded prior to the end of the rotation block. Residents will log the grade into the UW grading system.

RPD may ask residents to alternate attending UW conference calls to discuss progress of students, seminars, projects, and other pertinent topics.

MCW lab requirements:

Each resident will be assigned to 4-6 lab sessions (4 if not doing teaching certificate and 6 if doing teaching certificate) at MCW School of Pharmacy. Residents completing the teaching certificate will also be assigned a MCW mentor. The MCW lab coordinator or mentor will complete PharmAcademic evaluations for the lab experience twice during year (midpoint and end of year).

Other Colleges of Pharmacy Responsibilities

The VA accepts offers IPPE and APPE experiences for all three pharmacy schools in Wisconsin – UW Madison, Concordia University of Wisconsin, the Medical College of Wisconsin. All residents are responsible for assisting in the orientation of new students. This includes giving tours and providing computer (CPRS/VISTA) training.

Chief Resident

Residents are expected to share chief resident responsibilities. These activities assist the Residency Program Director in the coordination of all residency activities. Please see Attachment 4 for a list

of activities and descriptions. Residents should develop a plan for dividing the activities equally and should contact RPD with questions.

Electronic Portfolio

All residents are expected to keep an electronic file of all resident work (e.g. any work product like a topic discussion or a policy) as well as documented feedback provided by preceptors. This electronic file should be reviewed by resident, mentor and RPD quarterly at time of CTP.

Attachment 1

Incoming PGY1 SKILLS SURVEY & PLAN FOR DEVELOPMENT

This document is intended to help you, the program director, mentor and your preceptors plan a pharmacy practice residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. It is preferred if done electronically.

Resident: _____ Date: _____

1. Are you a licensed pharmacist? Yes _____ No _____
 - a. If yes, what state? _____
 - b. If no, when will you be licensed (include exam dates if known) ? _____
 - c. If no, in what state do you plan to be licensed? _____
2. Are you certified in Basic Life Support (BLS)? Yes ____ No ____
If yes, indicate expiration date: _____
3. Are you Advanced Cardiovascular Life Support (ACLS) certified? Yes ____ No ____
If yes, indicate expiration date: _____
4. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check patient profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

5. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
SharePoint				
PubMed				
MedMined				
MS Publisher				
Skype				

6. There are 4 main ways of learning –

V – Visual
A – Aural
R – Read/write
K – Kinesthetic

- a. We would like to find out the way that you learn best, so we can tailor your learning during the residency year.
- b. Please go to: <http://vark-learn.com/the-vark-questionnaire/>
- c. From that site, please click on questionnaire and answer the questions. When answering the questions, we all would like multiple methods of being taught, but try to choose the answer that fits best. When you have completed submit the questionnaire and list below your score for each domain. When you are given your scores, you will be also given a link with some tips for your style. Be sure to check those out as well.
- d. List your scores here:

7. What clinical experiences (including APPEs) have you had? (site, type of patients, length of experience). May attach separate list if desired.

a. Site	Patient Type	Length of Time
---------	--------------	----------------

8. After reflecting on your Pharm.D. student clerkships and internship please rank yourself as competent and confident using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).

Clinical

	Acute Care Cardiology
	Anticoagulation
	Critical care
	Diabetes/Endocrine
	Gastroenterology
	Geriatrics
	Infectious Disease
	Pharmacokinetics
	Hyperlipidemia
	Internal medicine
	Nephrology
	Neurology
	Nutrition/TPN
	Oncology

Administrative

	Distributing/Staffing
	Drug literature evaluation
	Prior authorization evaluation
	Medication Use Safety
	Medication Use Evaluation
	Project

	Psychiatry
	Respiratory diseases

9. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Providing discharge consultation to patients				
Writing a progress note in electronic health record				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting adverse drug reactions (ADR)				
Reporting a medication event/error				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying prior authorization drug requests (PADRs)				

10. Do you have formal course work in drug information and statistics? How comfortable are you in these areas?

11. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

12. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

13. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA (MedWatch)?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

14. Have you participated in any research endeavor, particularly a clinical trial?

_____yes _____no

If yes, please describe.

15. If you have not completed formal research (IRB approval), have you complete a formal project?

_____yes _____no

If yes, please describe.

16. Have you attended an investigational review board meeting (IRB)?

_____yes _____no

17. Have you presented at a national professional meeting (e.g. ASHP, APhA, ACCP)?

_____yes _____no

If yes, please describe:

18. State your short-term (3-5 years) and long-term (10-15 years) career goals.

Short term:

Long term:

19. Describe your current practice interests.
20. What three goals do you wish to achieve during the residency?
21. What are your personal and professional strengths?
22. What areas of weakness would you like to improve during the residency? What are your suggestions for improvement in these areas?
23. What areas of residency training (e.g. clinical knowledge, precepting, administrative functions, presentation skills) would you like to concentrate on during the residency?
24. What strategy do you have for life-long continuing education?
25. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

26. Please indicate your preferences for rotation length by listing the number of weeks you would like to spend in each rotation in the far right column (you can select any amount of time between the minimum and maximum listed). We will use this information to establish your initial rotation schedule for the year but changes are permitted and encouraged throughout the year to accommodate your needs/interests and those of the residency program. The total number of weeks selected should equal 52 weeks.

For required rotations we will attempt to schedule them as one block unless you opt to complete 7 or 8 weeks. For example, if you elect to complete 6 weeks of internal medicine we will attempt to schedule that as one 6-week block. If you elect to complete 8 weeks of internal medicine we will likely divide that into two 4-week blocks.

	Minimum	Maximum	Resident Selection
<u>Required rotations</u>			
Cardiology (inpatient)	4	8	
Critical Care (inpatient)	4	8	
Internal Medicine (inpatient)	4	8	
Infectious Disease (inpatient/outpatient)	4	8	
Oncology (outpatient)	4	8	
Mental Health (required unless done as APPE at VA)	3	6	
Primary Care (PACT)	6	12	
Orientation	2	2	2
Training/Project	4	4	4
Recruitment	1	1	1
<u>Electives</u>			
Academia (Concordia, MCW)	4	8	
Heart Clinic (outpatient)	3	6	
Endocrine (inpatient/outpatient)	4	6	
Emergency Department (outpatient)	3	6	
Geriatrics/HBPC (inpatient/outpatient)	3	6	
Medication Safety (admin)	3	6	
Neurology (outpatient)	4	6	
Nutrition (inpatient)	2	4	
Spinal Cord Injury (inpatient)	3	6	
TOTAL			

Attachment 2

OUTGOING PGY1 SKILLS SURVEY

Now that you are approaching the end of your PGY1 residency, we want to reflect on your progress during the year. You completed a similar survey at the beginning of this residency. Please complete this survey and return to RPD by assigned date.

Resident: _____ Date: _____

1. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check patient profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

2. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
MS OneNote				
CPRS				
SharePoint				
PubMed				
MedMined				
MS Publisher				
Skype				

3. Now, at the end of your residency please rank yourself regarding how competent and confident you feel in each of the below areas using a scale of 1 (not competent or confident at all) to 5 (very competent and confident). Please enter numbers from incoming assessment for the "Pre" column.

Clinical

Pre Post

Acute Care Cardiology
Anticoagulation
Critical care
Diabetes/Endocrine
Gastroenterology

Administrative

Pre Post

Distributing/Staffing
Drug literature evaluation
Prior authorization evaluation
Medication Use Safety
Medication Use Evaluation

		Geriatrics			Project
		Infectious Disease			
		Pharmacokinetics			
		Hyperlipidemia			
		Internal medicine			
		Nephrology			
		Neurology			
		Nutrition/TPN			
		Oncology			
		Psychiatry			
		Respiratory diseases			

4. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADE's (ADR's)				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formularies				

5. Do you feel your drug information and statistics skills improved over the residency year?
What activities were most helpful in this regard?

6. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				

Presentations to P&T committee				
--------------------------------	--	--	--	--

7. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA (MedWatch)?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

8. Did your residency project require IRB approval?

_____yes _____no – IRB exempt

9. Did you present your residency project at PSW/Wisconsin Pharmacy Residency Conference?

_____yes _____no

10. State your short-term (3-5 years) and long-term (10-15 years) career goals.

Short term:

Long term:

11. How have your practice interests changed since the start of residency year?

12. How have your personal and professional strengths changed from start of residency year?

13. How have you improved on any weaknesses you identified prior to start of residency year?

14. What strategy do you have for life-long continuing education?

15. What plans do you have for participating in professional organizations in the future?

16. Please reflect on the three residency goals you listed in your incoming assessment. Did you achieve your goals?

Attachment 3

PGY1 Pharmacy Residency Requirements

Resident Name (Year)

An electronic version of this document was be maintained by the individual resident with input from the mentor and RPD.

Orientation Requirements

Objective	<u>Contact Person:</u>	<u>Date Completed:</u>
PK Training: Resident participates in pharmacokinetics training. Resident complete a minimum of 5 PK assessments and progress notes during the orientation period or within first month of residency.	Claire Dysart or Grace Mortrude	
Anticoag Training: Resident participates in anticoagulation training. Resident complete a minimum of 5 anticoagulation assessments and progress notes during the orientation or within first month of residency.	Jeremy Barnes	
Decentral Inpatient: Work with "team" pharmacists as assigned during orientation. Residents will participate in PK and anticoagulation monitoring, complete med histories and reconciliation and participate in discharge process and counseling.	Ray Miller	
Outpatient: Resident spends 1 hour in outpatient pharmacy during orientation for overview. Further outpatient training will occur when starting outpatient weeknight staffing.	Victoria (Tori) Strong	
Participate in additional training as scheduled by RPD. Additional training may include including chart review training, PADR training, VA ADERS training and med rec/discharge training.	RPD	

Longitudinal Requirements

Objective	Contact Person:	Date Completed:
Weekend staffing under dual appointment ("internal moonlighting"): minimum of 10 weekend days required (Activities include: Heparin Rounds, PK and anticoagulation monitoring and documentation, and cross coverage of other staff).	Ray Miller	
Weeknight staffing: Resident completes longitudinal staffing experience (one evening shift (4:30-8pm) per week starting in September thru end of residency year). Residents will be assigned technician responsibilities until licensure is achieved. Residents will rotate from outpatient to inpatient staffing around first of year. Residents will also rotate to emergency department towards end of year. Complete outpatient and inpatient checklists.	Victoria (Tori) Strong and Ray Miller	
Resident documents 5 adverse reactions into the VA ADERS system	Drug Safety	
Resident documents a minimum of 1 ADRs that require submission to the FDA MedWatch program	Drug Safety	
Patient Newsletter: Resident works with one APPE student to complete a patient newsletter. The resident will facilitate and supervise the activity with the APPE student. The activity must be completed by the end of the APPE student's rotation block. For topic ideas, contact the activity preceptor, rotation preceptor or RPD.	Mirella Sabol	
Pharmacist Newsletter: Resident completes 1 pharmacist newsletter (Secundum Artem). Obtain approval of topic from activity preceptor and RPD by Nov 15th. First draft due to preceptor by March 31st. Final draft due no later than April 30th.	Mirella Sabol	

Resident provides 1 continuing education (CE) education session to pharmacy staff. List of topics will be shared with residents by October 1st. Resident will work with an assigned CPS to develop a presentation. CE accreditation requirements must be submitted at least 30 days prior to event. Jen Koch to provide details on CE requirements.	Carrie Lewandowski, Bill Blaser and Jen Koch	
---	--	--

Longitudinal Requirements

Objective	<u>Contact:</u>	<u>Date Completed:</u>
Resident presents one Journal Club. Held the third Wed every month.	Steve Kennedy	
Resident attends one Antimicrobial Subcommittee Meeting. Quarterly Meeting.	Claire Dysart	
Resident attends one Ethics Committee Meeting. Meeting occurs quarterly.	Mikki Harms	
Participate in quarterly admin discussions. See learning experience in PharmAcademic for list of topics.	Chief of Pharmacy	
Optional: Drug representative meetings. Tuesdays 2:30-3:30 pm	Contact Jen Koch if interested	
Resident identifies topic for Medication Use Evaluation (MUE) process. See learning experience. Contact RPD to schedule evaluation in PharmAcademic upon completion. Resident completes and presents MUE at appropriate meetings (e.g. Drug Safety and PNT). Select topic by October 1st.	RPD	
Resident participates Joint Commission discussion with OQM&S. RPD to schedule.	RPD	
Resident presents at PNT Council at least once (examples: MUE, Drug Safety Subcommittee update, new/updated policy/procedure).	RPD	

Resident participates in the review of one pharmacy policy. Resident will meet with preceptor to discuss purpose and background of policy. Resident may be asked to serve as the representative at various nursing council meetings and/or PNT Council. RPD will assign policy and outline process.	RPD	
Resident attends a minimum of 3 Drug Safety Subcommittee Meetings. Takes meeting minutes twice. Held the fourth Tuesday of the month at 8 AM.	Carrie Lewandowski and PGY2 Medication Use Safety Resident	
Resident prepares 2 articles for Drug Safety Subcommittee Newsletter (3 time per year publication)	Carrie Lewandowski and PGY2 Medication Use Safety Resident	

Longitudinal Requirements

Objective	<u>Timeframe/Contact:</u>	<u>Date Completed:</u>
Resident participated in the review of one pharmacy policy. Resident will serve as the representative at various nursing council meetings and/or PNT Council. RPD will assign policy and outline process.	RPD	
Attend scheduled Citywide conferences across Milwaukee (usually ~3 per year)	RPD	
Attend weekly GEM meetings Usually Monday afternoons (1-3pm) but schedule may vary. Residents should rotate responsibility.	RPD	
Complete chart reviews for all GEM patients (divided amongst all PGY1 residents). Chart review must be completed within 2 weeks from admission date and follow up chart review within 4 weeks from initial chart review.	RPD	
Complete weekly PADR (non-formulary) requests (see learning experience)	Mary Jo Jablonski and Ben Weitzel	
Manage anticoagulation for all CLC/SCI patients.	Mo Hamdan	

Longitudinal APPE (LAPPE) student - participate in precepting for anticoagulation monitoring and participate in one professional development discussion/topic.	RPD	
Attend mentor meetings. Monthly for first quarter then minimum of quarterly.	Assigned Mentor or RPD	

Resident Project Requirements

<u>Task</u>	<u>Target Date</u>	<u>Date Completed:</u>
RPD shares list of potential projects with residents	June/July	
Resident participates in research institute discussions led by preceptor.	Throughout residency year	
Resident selects project, meets with mentor, completes Research Education (if submitting to IRB)	July/Aug	
Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents project to Pharmacy Residency Research Panel.	August	
Resident submits finalized "Request for Determination of Operations Activity" to RPD	September 1st	
Resident submits Human Studies Paperwork to Research Service (if submitting to IRB)	October 1 st	
Resident creates first draft of abstract and starts manuscript to contain background and methods.	November	

Drafts of the following due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time.	December	
Project data collection continues.	Oct-Mar	
Resident shares WPRC abstracts and learning question with project mentor, RPD and research institute group.	January	
Final draft of abstract due to RPD, mentor and project mentor	Jan 15th	
Residents schedule practice presentations.	Scheduled in Jan/Feb for dates in March	

Resident Project Requirements

<u>Task</u>	<u>Target Date</u>	<u>Date Completed:</u>
Resident registers for WPRC and submits abstract. Resident contacts medical media to determine timeline for printing of posters.	Early January	
Resident completes data collection and starts to create final project presentation (PowerPoint) and poster.	February	
Resident shares poster with project mentor, RPD and research institute group.	February	
Resident completes one practice project presentation.	March	
Final presentation slides and poster due to RPD, mentor and project mentor.	mid March	
Resident delivers practice presentation at Aurora citywide event	late March	
Resident presents at WPRC (podium and poster)	Early April	

Resident submits Research Audit with Research Compliance Office (if submitted to IRB)	end May	
Resident submits first draft of residency manuscript to project mentor and Research Panel	June 1st	
Resident submits final manuscript to project mentor, residency mentor, and RPD	June	

Teaching/Student Requirements

<u>Objective</u>	<u>Contacts:</u>
Complete clinical instructor training through UW	Amanda Margolis, Denise Pigarelli
Grade clinical inquiries for Milwaukee VA appointed UW student pharmacists	Amanda Margolis, Denise Pigarelli
Grade UW case presentations and project presentations	Amanda Margolis, Denise Pigarelli
Assist with four skills labs under the direction of the pharmacy coordinator at MCW	Rachel Kavanaugh
Resident facilitates UW seminars.	UW contact or RPD
Provide one seminar lecture for UW students (March 2022)	RPD
Provide new student orientation to pharmacy students	RPD
Assist with planning and set-up of UW annual preceptor meeting in Spring.	RPD

Overall Residency Objectives (to be completed by RPD each quarter at CTP)

Residency Objectives	End Quarter 1	End Quarter 2	End Quarter 3	End Quarter 4
Percentage of R1 residency objectives marked as "Achieved for Residency" (Goal: 100% of all R1 objectives are "Achieved for Residency" by end of year) Place check mark in box in quarter in which the objective was completed.				
R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.				
R1.1.1 Interact effectively with health care teams to manage patients' medication therapy				
R1.1.2 Interact effectively with patients, family members, and caregivers				
R1.1.3 Collect information on which to base safe and effective medication therapy				
R1.1.4 Analyze and assess information on which to base safe and effective medication therapy				
R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)				
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions				
R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate				
R1.1.8 Demonstrate responsibility to patients				

R1.2 Ensure continuity of care during patient transitions between care settings				
R1.2.1 Manage transitions of care effectively				
R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients				
R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures				
R1.3.2 Manage aspects of the medication-use process related to formulary management				
R1.3.3 Manage aspects of the medication use process related to oversight of dispensing.				
Percentage of all other objectives achieved. (Goal: 80% of all remaining ASHP objectives (not including R1 objectives) are "Achieved for Residency" by end of year)				
Number of objectives that have been marked "Needs Improvement"				
Objectives that have not yet been evaluated				

CTP Sign-off (list date completed)

	<u>Resident</u>	<u>Mentor</u>	<u>Residency Director</u>
Initial			
End Quarter 1			
End Quarter 2			
End Quarter 3			
End Quarter 4/FINAL			

Attachment 4 - Chief Resident Responsibilities

The Chief Resident responsibilities will be divided evenly amongst the PGY1 residents. It's recommended to have a primary and secondary resident assigned to each task.

Activities/Responsibilities:

- UW block leader - Send reminder e-mails to preceptors regarding student case presentations.
- Resident scheduler - Coordinate weekend scheduling with inpatient pharmacy supervisor.
- Lead monthly Resident meeting with RPD
- Coordinate Pharmacy week activities with co-residents (October)
- Coordinate social outing for preceptors and residents to get know each other.
- Coordinate schedule for onsite interviews (tours, lunch, etc) (December)
- Coordinate all communication and travel arrangements for PSW/WPRC (including deadlines for registration, abstract submissions, poster printing and scheduling of practice presentations)
- Coordinate Annual UW Preceptor Meeting (March)
- Coordinate an end of the year social outing.
- Coordinate UW seminars

Appendix J – PGY2 Infectious Disease Pharmacy Program Materials

Program Design

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goal, and objectives that will be evaluated.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council and its associated Antimicrobial Subcommittees and task forces; Infection Control Council; Clinical Pharmacy Committee; Journal Club; HIV Treater's meeting/MCW ID Conferences (as time permits); microbiology rounds; and other relevant medical conferences.

Required Rotations:

1. Orientation: (~ 4 weeks; customized based on the resident's knowledge, skills, and abilities)
 - a. Hospital orientation, including personnel procedures, safety, sexual harassment, ethics training.
 - b. Overview of Pharmacy Program (inpatient satellite, IV room, outpatient pharmacy)
 - c. Service policies and procedures
 - d. Computer systems
 - e. Practice experience in a major area(s) (IV room, de-central inpatient)
 - f. Identification of a project
 - g. Assessment of personal goals and needs
2. Antimicrobial Stewardship Program (1 month)
3. Adult inpatient ID consults service (1 month)
4. Antimicrobial Stewardship Program/Adult inpatient ID consult combined service (5-6 months)
5. Outpatient ID clinic block rotation (4-5 weeks); includes Hepatitis C clinic, OPAT program management, and HIV/ID clinics
6. Outpatient ID clinics/OPAT Program longitudinal (clinics every Tuesday morning, Wednesday morning or afternoon, and Thursday afternoon depending on coinciding block rotation)
7. Infectious Diseases Pharmacy Administration which includes antimicrobial drug information, antimicrobial stewardship intervention and antimicrobial use reporting (Annual Antimicrobial Stewardship Report), antimicrobial drug use policy, formulary management, and order set development (longitudinal)
8. Emergency Department Stewardship Block Rotation (4-5 weeks)
9. Critical Care (4-5 weeks)
10. Microbiology laboratory (1-2 sessions/week for 4-5 weeks; depending on microbiology supervisor's schedule)
11. Other longitudinal responsibilities built into core rotations: Biannual OPAT and ASP reports, Microbiology projects, educational in-services, fecal microbiota transplant monitoring, research project, quality improvement projects/initiatives, and multidisciplinary meetings

Elective Block Rotations:

1. General Medicine (1 month)
2. Additional Antimicrobial Stewardship Rotation (1 month)
3. Inpatient hematology/oncology service (1 month)

In addition to the required rotations and activities outlined in the manual, the resident will be asked to submit an application for "Trainee" membership to the Society of Infectious Diseases Pharmacists (SIDP), IDSA, or to MAD-ID.

Teaching Responsibilities

The VA offers an infectious disease experiential rotation for the University of Wisconsin, Medical College of Wisconsin, and Concordia University. The resident is responsible for assisting in precepting the students during the residency year. The resident will also have opportunities to take part in the student evaluations. The resident will attend all Infectious Diseases case presentations that are given by each student on rotation at the VA. Throughout the residency year, the resident will present student ID lecture series to all students on rotation at the VA.

Formal Lectures/lab courses

The resident will be required to give several formal student lectures throughout the year. Below is a tentative lecture schedule:

- VA Grand Rounds (once for the year)
- Concordia University ID Elective class
 - TBD
- Concordia University 2nd year Pharmacotherapeutics Class
 - TBD
- Concordia University 2nd year Pharmacotherapeutics Lab Activity
- Medical College of Wisconsin School of Pharmacy Patient Care labs
 - TBD

Teaching certificate

The PGY2 ID resident may choose to participate in an affiliated pharmacy school teaching certificate (Medical College of Wisconsin School of Pharmacy or Concordia University Wisconsin School of Pharmacy).

Other responsibilities:

Long-term care chart reviews

The resident will be responsible for completing one or two long-term care chart reviews per month. Contact the RPD and/or chart review assignment list for details.

Disease State Grid

The PGY2 Internal medicine resident is expected to independently track of disease states reviewed and discussed throughout the residency year. An electronic form will be used for tracking purposes and will be provided by the RPD at the start of the residency year.

Electronic File of Residency Work

All residents are expected to keep an electronic file of all resident work products (e.g. topic discussion, etc.) as well as documented feedback provided by preceptors.

Coverage Responsibilities

The PGY2 Infectious Diseases resident will be expected to assist with ID Pharmacy workgroup coverage as needed. The resident will be provided as much notice as possible regarding

coverage responsibilities, however, same day notice may be necessary in the event of unplanned ID pharmacist absence.

Attachment 1**SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING PGY2 INFECTIOUS DISEASES RESIDENT**

This document is intended to help you, the program director, and your preceptors plan a PGY2 ID residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind.

Resident: _____ Date: _____

1. In what state(s) are you licensed to practice pharmacy?

2. Are you certified in BLS? Yes ____ No ____

If yes, indicate expiration date: _____

3. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently	Average	OK, but would like additional training	I have never worked with this prior
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
SharePoint				
Internet				
PubMed				
MS Publisher				

4. After reflecting on your PGY1 year, please rank your competence and confidence using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).

	Critical care/sepsis		Infection Control
	HIV/AIDS/Prep		Drug literature evaluation
	Pharmacokinetics		Drug safety
	Internal medicine		Formulary monographs
	Medication use evaluation		Pharmacoeconomics
	Hematology/Oncology		Microbiology
	Fungal infections		Bone and joint infections
	IV PO conversion		Renal dosing of antibiotics
	Endovascular infections		Mycobacterial infections
	Antimicrobial Stewardship Core Strategies		Precepting/teaching

5. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADE's (ADR's)				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Documenting interventions				
Approving/Denying non-formulary medications				

6. Have you performed statistics independently? How comfortable are you in this area?

7. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Patient Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

8. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in JCAHO accreditation or survey?				

Been involved with quality improvement?				
Been involved in a drug shortage?				

9. Have you participated in any research endeavor, particularly a clinical trial?

_____yes _____no

If yes, please describe

10. Have you attended in investigational review board meeting (IRB)?

_____yes _____no

11. Have you presented at a professional meeting?

_____yes _____no

If yes, please describe:

12. State your short-term (3-5 years) and long-term (10-15 years) career goals.

13. Describe your current ID practice interests.

14. What are your personal and professional strengths?

15. What areas of weakness would you like to improve during the residency?

16. What three goals do you wish to achieve during the residency?

17. What strategy do you have for life-long continuing education?

18. What plans do you have for participating in professional organizations?

19. What plans do you have for participating in community service?

Attachment 2

Tentative Schedule for 2019-2020

	July	August	September	October	November	December	January	February	March	April	May	June
PGY2	Orientation	ASP and Micro	ID Consults	Elective or additional ASP focus month	Critical Care	ASP & ID Consults	ASP & ID Consults	ASP & ID Consults	ASP & ID Consults	Heme/ONC (elective)	ASP & ID Consults	ASP & ID Consults

Attachment 3

Outgoing Skills Assessment PGY2 Infectious Diseases Pharmacy Residency Program

This document is intended to allow you, your residency program director and preceptors measure your growth during your PGY2 year and get feedback on the residency year. It may be helpful to reflect on your incoming skills survey when completing this activity. Please complete electronically.

Resident: _____ Date: _____

For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently	Average	OK, but would like additional training	I did not have the chance to develop skills with this
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
SharePoint				
Internet				
PubMed				
MS Publisher				

After reflecting on your PGY2 year, please rank your confidence using a scale of 1 (not confident at all) to 5 (very confident).

Pre - PGY2	Post - PGY2		Pre - PGY2	Post - PGY2	
		Critical care/sepsis			Infection Control
		HIV/AIDS/Prep			Drug literature evaluation
		Pharmacokinetics			Drug safety
		Internal medicine			Formulary management
		Medication use evaluation			Pharmacoeconomics
		Hematology/Oncology			Microbiology
		Fungal infections			Bone and joint infections
		IV PO conversion			Renal dosing of antibiotics
		Endovascular infections			Mycobacterial infections
		Antimicrobial Stewardship Core Strategies			Precepting/teaching

Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADRs				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Documenting interventions				
Approving/Denying non-formulary medications				

How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Patient Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in JCAHO accreditation or survey?				
Been involved with quality improvement?				
Been involved in managing a drug shortage?				

Describe your residency project:

Did you present the results?

If so, at what conference(s)?

Were you given adequate feedback?

Do you plan to publish?

Were you given adequate guidance throughout the process?

Did the project meet your expectations?
What would you do differently if could do it over again?

Do you have confirmed job placement post-PGY2 residency? If so please list place of employment, job title, and duties.

Did you accomplish all your goals set forth by completing a PGY2 ID Pharmacy Residency?
If yes, what specific goals did you accomplish?

If not, what prevented you from accomplishing your goals?
State your short-term (3-5 years) and long-term (10-15 years) career goals.

What strengths have you identified for yourself this year?

What areas do you identify that could still use improvement?

Describe your plan for involvement in the pharmacy profession in the future.

Program Specific Questions

What specifically did you like most about your PGY2 Infectious Diseases Pharmacy experience?

What specifically could you suggest for improvements for the PGY2 Infectious Diseases Pharmacy residency?

Is there anything you would change in regards to the sequence or timing of the rotations?

Did orientation adequately prepare you for the rest of the year? If not, please provide details on what could be improved.

Overall thoughts on the PGY2 preceptors (pharmacists)? Strengths/weaknesses?

Please provide any additional feedback regarding your residency year below:

Residency Requirement Grids (To be completed by RPD and included in final customized training plan):

Residency Requirements	Expected Date	Description	Contact Person	Date(s) Completed
80% residency objectives are "Achieved for Residency"; no objectives are marked as "needs improvement"	ongoing	PharmAcademic will be reviewed quarterly and progress documented in customized training plan	Claire Dysart	
All R1 residency objectives are "Achieved for Residency"	ongoing	PharmAcademic will be reviewed quarterly and progress documented in customized training plan. R1 objectives must be "achieved" twice before officially being marked as "achieved" for residency.	Claire Dysart	
Disease State checklist	ongoing	Review required content matter throughout the year	Claire Dysart	
Research Project	ongoing	Refer to research timeline for specific deadlines	Claire Dysart	
Order Set or Clinical Guideline Revision or Creation	TBD	Update an existing antimicrobial order set or clinical guideline; or create a new local order set or protocol based on clinical guidelines, recent literature, and the VA National Formulary	Claire Dysart	
Pharmacy Journal Club	TBA	Present one Journal Club over course of year	Steve Kennedy	
Regional or National Residency Conference Presentation	TBA	Formal presentation on longitudinal project at a conference agreed upon by RPD and resident	Claire Dysart	
Research Manuscript	June	Written manuscript on longitudinal project in format suitable for journal submission	Claire Dysart	
Annual Stewardship Report	Fall	Assist with developing the annual Antimicrobial Stewardship Report; includes data collection on antimicrobial use,	Claire Dysart	

		intervention data, and antimicrobial resistance/HAI trends		
--	--	--	--	--

Appendix K – PGY2 Internal Medicine Pharmacy Program Materials

Block Learning experiences

Required and elective learning experiences that are completed in a block format are listed below, along with the duration of the experience. The residency schedule is customized to ensure the resident meets their personal goals and objectives for the residency program. Elective experiences will be discussed at the initial customized training plan session. Please see rotation learning experience descriptions in PharmAcademic for details.

1. Required learning experiences:
 - a. Orientation (2-4 weeks; customized based on the resident's knowledge, skills, and abilities)
 - b. Inpatient Internal Medicine (minimum of 3 months)
 - c. Inpatient Cardiology (2 months)
 - d. Critical Care (1.5 months)
 - e. Inpatient Infectious Disease (1 month)
2. Elective learning experiences (variable duration):
 - a. Academic rotation
 - b. Inpatient oncology
 - c. Gastroenterology
 - d. Mental Health (inpatient or outpatient)
 - e. Palliative Care (inpatient)
 - f. Spinal cord Injury (inpatient)
 - g. Ambulatory care (e.g. primary care, endocrine, heart failure, Hepatitis C)
 - h. Nephrology
 - i. Emergency Department
 - j. Recruitment

Longitudinal Learning Experiences

In addition to the block learning experiences, residents will be given the opportunity to participate in clinical pharmacy activities over the course of the residency year. The following longitudinal learning experiences are required:

- Precepting
- Project
- Administration
- Medication Safety

More details for each of these experiences are listed in PharmAcademic. All longitudinal experiences will be scheduled for the length of the full year and evaluations will be completed quarterly in PharmAcademic. Residents are expected to complete a quarterly self-evaluation for each of these experiences. It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. If this proves challenging, the resident should discuss strategies for doing so with their rotation preceptor, their mentor, or the residency director. Part of the objectives for assigning rotations and a longitudinal activity is to prepare residents for clinical practice where multiple demands need be assessed, prioritized, and managed. In the event of absence (planned or unplanned) the resident should communicate and help determine if and how coverage would need to be re-assigned to other staff.

Precepting: The PGY2 IM resident will be involved with the precepting of IPPE, APPE and PGY1 residents over the course of the residency year. Precepting responsibilities will increase over the course of the year. Most of the precepting responsibilities will fall during internal medicine rotations but precepting may be expected on other rotations at the discretion of the preceptor. The resident will have several longitudinal evaluation responsibilities of Internal medicine APPE students, including but not limited to evaluation of SOAP notes and drug information question. The resident will also perform several midpoint and final evaluations for APPE students. The internal medicine preceptor or RPD will employ the four precepting roles over the course of the year in regards to precepting. Precepting will be evaluated within individual learning experiences (e.g. internal medicine I and internal medicine II).

Project: see residency project section in general manual and/or learning experience for details.

Administration: Throughout the residency program, the resident will be exposed to pharmacy administration and drug use policy issues. These are incorporated into the residency to make a more true to life experience than devoting a full block to the activity. Administrative requirements include the development of a policy/procedure, involvement in a drug recall, and participation in an RCA or HFMEA. Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics (PNT) Council and its associated subcommittees and task forces; Clinical Pharmacy Committee; Journal Club; and other relevant medical conferences. See the learning experience descriptions and PGY2 IM Residency Requirement Grid (attachment 4) for more details.

Medication Safety: The resident will attend Drug Safety Subcommittee meetings over the course of the residency year. The resident will take a leadership role within the subcommittee at some point during the year to include preparation of agenda, taking meeting minutes and leading meeting(s). (See learning experience for more detail)

PGY2 Internal Medicine Residency Requirements

A set of requirements for successful completion of the PGY2 IM Residency Program is available in attachment 4. All activities must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The resident and mentor should review and sign off on this list monthly and the Residency Director will review the resident's progress quarterly when completing Customized Training Plan.

Details on additional responsibilities are listed below.

Formal Lectures

The resident will be required to give several formal lectures throughout the year. Below is a tentative lecture schedule:

- One UW seminar lecture (as requested)
- One VA Grand Rounds or equivalent experience
- One or Two lectures at College of Pharmacy if completing academic rotation and/or teaching certificate program (e.g. Concordia University of Wisconsin Academic rotation)

Long-term care chart reviews

The resident will be responsible for completing one or two long-term care chart reviews per month. Contact the RPD and/or chart review assignment list for details.

Teaching certificate

The PGY2 Internal Medicine resident may choose to participate in an optional teaching certificate program through a local School of Pharmacy. See RPD for details.

Disease State Grid

The PGY2 Internal medicine resident is expected to independently track of disease states reviewed and discussed throughout the residency year. An electronic form will be used for tracking purposes and will be provided by the RPD at the start of the residency year.

Electronic File of Residency Work

All residents are expected to keep an electronic file of all resident work products (e.g. topic discussion, etc.) as well as documented feedback provided by preceptors.

Coverage Responsibilities

The PGY2 Internal Medicine resident will be expected to assist with acute care workgroup coverage as needed in any of the following settings: ICU, medicine wards, cardiology floor, hematology/oncology wards, surgical wards. The resident will be provided as much notice as possible regarding coverage responsibilities, however, same day notice may be necessary in the event of unplanned acute care pharmacist absence.

Attachment 1

INCOMING SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR PGY2 INTERNAL MEDICINE RESIDENT

This document is intended to help the resident, the program director, and your preceptors plan a pharmacy practice residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. It is preferred if done electronically.

Resident Name:

Date:

1. In what state(s) are you licensed to practice pharmacy?

Expiration Date:

2. Are you certified in BLS? Yes ____ No __

If yes, indicate expiration date:

3. Are you ACLS certified? Yes ____ No __

If yes, indicate expiration date: _____

4. List any other certifications you possess?

5. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
SharePoint				
Internet				
PubMed				
Ovid				
MS Publisher				

6. According to the VARK questionnaire, there are 4 main ways of learning –

V – Visual

A – Aural

R – Read/write

K – Kinesthetic

- a. We would like to find out the way that you learn best, so we can tailor your learning during the residency year.
- b. Please go to: <http://vark-learn.com/the-vark-questionnaire/>
- c. From that site, please click on questionnaire and answer the questions. When answering the questions, we all would like multiple methods of being taught, but try to choose the answer that fits best. When you have completed submit

the questionnaire and list below your score for each domain. When you are given your scores, you will be also given a link with some tips for your style. Be sure to check those out as well.

d. List your scores here:

7. After reflecting on your PGY1 year and your past experiences please rank yourself as competent and confident using a scale of 1 (not competent and confident at all) to 5 (very competent and confident) in the following areas.

	Anticoagulation		Administration
	Cardiology		Public Speaking
	Critical care		Teaching
	Diabetes/Endocrine		Precepting
	Gastroenterology		Drug literature evaluation
	Geriatrics		Medication safety
	Infectious Disease		Formulary management
	Pharmacokinetics		Medication use evaluation
	Primary Care		Pharmacoeconomics
	Nephrology		Research project
	Neurology		Outpatient medication order verification
	Nutrition/TPN/Electrolytes		Inpatient medication order verification
	Oncology		Written communication
			Verbal communication
	Psychiatry		Other (please list)
	Respiratory diseases		

8. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Performing medication reconciliation				
Providing discharge consultation				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the pt chart				
Recognizing and/or reporting ADEs (ADRs)				
Recognizing and/or reporting medication errors				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formulary requests				

9. Do you have formal course work in drug information and/or statistics? Have you performed statistics independently? How comfortable are you in these areas?

10. Have you...

(please check box that corresponds with the frequency of which you have completed each task)

	>5	3-5	1-2	None
Critically evaluated the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Given case presentation(s)				
Given lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Performed literature searches using computerized lit retrieval systems				
Written formal formulary reviews (drug monographs)				
Given presentations to P&T committee				

11. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

12. Have you...

(please check box that corresponds with the frequency of which you have completed each task)

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

13. Have you participated in any research endeavor, particularly a clinical trial?

_____yes _____no

If yes, please describe.

14. Describe your PGY1 residency project. Was it approved by investigational review board (IRB)?

15. If your PGY1 project was not IRB approved have you ever submitted for IRB approval for any other project?

_____yes _____no

16. Have you attended an IRB meeting?

_____ yes _____ no

17. List committee/council meetings you attended during your PGY1 year and the level of your involvement (attendee, active participant, lead meeting, took minutes, etc).

18. Have you presented at an ASHP, ACCP, APhA or other professional meeting?

_____yes _____no

If yes, please describe:

19. Do you wish to complete the elective teaching rotation with Concordia University of Wisconsin (CUW)?

_____yes _____no

20. Describe your PGY1 experiences related to precepting. How many students did you precept? On what rotations? How did you provide feedback?

21. State your short-term (3-5 years) and long-term (10-15 years) career goals.

22. Describe your current practice interests (related to internal medicine).

23. Describe your teaching philosophy.

24. What are your personal and professional strengths?

25. What areas of improvement were identified during your PGY1 year? What weakness would you like to improve during your PGY2 residency? What are your suggestions for improvement in these areas?

26. What three goals do you wish to achieve during the PGY2 residency year?

27. What strategy do you have for life-long continuing education?

28. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

29. Please rank the priority for elective experiences (1-10)

Specialty	Ranking
Administration (in addition to longitudinal, could be recruitment involvement)	
Endocrinology	
Gastroenterology (GI)	
Geriatrics	
Heart Failure	
Mental Health	

Nephrology	
Neurology	
Primary Care	
Spinal Cord	

Attachment 2

OUTGOING SKILLS ASSESSMENT PGY2 INTERNAL MEDICINE RESIDENCY PROGRAM

This document is intended to allow the resident, the residency program director, and preceptors measure growth during the PGY2 year and get feedback on the residency year. It is helpful to reflect back on your incoming skills survey when completing this activity. It is preferred be completed electronically.

Resident: _____ Date: _____

1. Please describe your computer skills after completing your PGY2 year.

Application	Able to use proficiently.	Average	OK, but would like additional experience	Still never worked with this.
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
SharePoint				
Internet				
PubMed				
Ovid				
MS Publisher				

2. After reflecting on your PGY2 year, and considering your past experiences, please rank yourself as competent and confident using a scale of 1 (not competent and confident at all) to 5 (very competent and confident) in the following areas. Pre-PGY2 residency scores have been provided (from your incoming skills assessment).

Pre Post

Anticoagulation
Cardiology
Critical care
Diabetes/Endocrine
Gastroenterology
Geriatrics
Infectious Disease
Internal Medicine
Pharmacokinetics
Primary Care

Pre Post

Administration
Public Speaking
Teaching
Precepting
Drug literature evaluation
Medication safety
Formulary management
Medication use evaluation
Pharmacoeconomics
Research project

Nephrology
Neurology
Nutrition/TPN/
Electrolytes
Oncology
Psychiatry
Respiratory diseases

Outpatient medication order verification
Inpatient medication order verification
Written communication

Verbal communication
Other (please list)
Other (please list)

Acute Care Cardiology
Ambulatory Care Cardiology
Anticoagulation
Critical care
Diabetes/Endocrine
Gastroenterology
Geriatrics
HIV/Infectious Disease
Pharmacokinetics
Hyperlipidemia
Internal medicine
Nephrology
Neurology

Nutrition/TPN/Electrolytes
Oncology
Psychiatry
Respiratory diseases
Drug literature evaluation
Drug safety
Formulary monographs
Institutional practice (staffing)
Medication use evaluation
Pharmacoeconomics
Research project
Other (please specify)

3. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Performing medication reconciliation				
Providing discharge consultation				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADEs (ADRs)				
Recognizing and/or reporting medication errors				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formulary requests				

4. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluated the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Given case presentation(s)				
Given lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Performed literature searches using computerized lit retrieval systems				
Written formal formulary reviews (drug monographs)				
Given presentations to P&T committee				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

5. Did you obtain any certifications during your PGY2 residency year? Please list below.

6. Do you feel that your drug information skills improved over the course of your PGY2 year? Please explain.

7. Describe your PGY2 experiences with policy making and/or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

8. Do you feel that your statistical skills have improved over the course of your PGY2 year? Please explain.

9. Describe your residency project. Was it IRB approved? Did you present a poster? Do you plan to publish?

10. Did you find the elective teaching rotation with Concordia University of Wisconsin (CUW) worthwhile?

_____yes _____no n/a (did not complete)

Additional feedback on CUW teaching rotation:

11. Did your experiences with precepting during your PGY2 meet your expectations? How could this experience be improved?

12. Has your teaching philosophy changed over the course of your PGY2? If so, please explain.

13. Do you have confirmed job placement post-PGY2 residency? If so please list job title and duties.

14. State your short-term (3-5 years) and long-term (10-15 years) career goals.

15. What strengths have you identified for yourself this year?

16. What areas do you identify that could still use improvement?

17. What strategy do you have for life-long continuing education?

18. Describe your plan for involvement in the pharmacy profession in the future?

19. What specifically did you like most about your PGY2 Internal Medicine(IM) experience?

20. What specifically could you suggest for improvements for the PGY2 IM residency?

21. Please provide any additional feedback regarding your residency year below:

Attachment 3**Example Rotation Schedule**

Week #	
1	Orientation/Transition
2	Orientation
3	Orientation
4	Internal Medicine I
5	Internal Medicine I
6	Internal Medicine I
7	Internal Medicine I
8	Concordia/IM
9	Concordia/IM
10	Concordia/IM
11	Concordia/IM
12	Concordia/IM
13	Concordia/IM
14	Concordia/IM
15	Concordia/IM
16	Cardiology
17	Cardiology
18	Cardiology
19	Cardiology
20	GI
21	GI
22	Oncology
23	Oncology
24	Midyear/vacation
25	Mental Health
26	Mental Health
27	Internal Medicine II
28	Internal Medicine II
29	Internal Medicine II
30	Internal Medicine II/Recruitment
31	Internal Medicine II
32	Internal Medicine II
33	Cardiology
34	Cardiology
35	Cardiology
36	ID
37	ID
38	ID

39	ID
40	SCI
41	SCI
42	SCI
43	SCI
44	Internal Medicine II
45	Internal Medicine II
46	Critical Care
47	Critical Care
48	Critical Care
49	Critical Care
50	Internal Medicine II
51	Internal Medicine II
52	Internal Medicine II
53	Transition

Attachment 4**PGY2 Internal Medicine Resident Recruitment**
Resident Name (2020-2021)**Block Rotation Requirements**

Objective	Evaluator/ Contact	Dates Completed:	Initials/Signature of Evaluator
Internal Medicine (minimum of 3 months)	Jen Koch/Jeremy Barnes		
Complete a rotation for each of the following services (minimum duration):			
Cardiology (8 weeks)	Steve Kennedy		
Critical Care (6 weeks)	Bill Blaser & Carrie Lewandowski		
Infectious Diseases (4 weeks)	Claire Dysart		

Longitudinal Responsibilities

Objective	Evaluator/ Contact	Date Completed:	Initials/Signature of Evaluator
Develop and conduct year-long pharmacy research project – See Project Timeline table below	TBD – project mentor		
Participate in formulary management activities through completion of rotation PADRs	Variable – preceptor		

Participate and take leadership role in Medication Safety Activities – See Medication Safety Activities table below	Carrie Lewandowski		
Complete prior authorization drug requests (PADRs) for osteoporosis medications	Jeremy Barnes / TBD		
Complete monthly chart review for assigned patient(s) (1-2 patient per month)	Jen Koch / Jeremy Barnes		
Update and submit finalized disease state appendix	Jen Koch / Jeremy Barnes		
Update and submit electronic file of residency work	Jen Koch / Jeremy Barnes		

Optional Experiences

Objective	Evaluator/Contact:	Notes
Concordia University Wisconsin Pharmacy Teaching Certificate Program & Teaching Rotation	Jen Koch / Jeremy Barnes	
Elective rotations (number and duration as mutually agreed upon by resident and residency director)	Jen Koch / Jeremy Barnes	

Intermittent Requirements

Objective	Evaluator/contact:	Notes/Date Completed	Initials/Signature of Evaluator
Train new pharmacists and pharmacy students on admission medication reconciliation process	Jen Koch / Jeremy Barnes		
Provide quarterly diabetes lecture to veterans (as available)	Jen Koch / Jeremy Barnes		
Provide Grand Rounds Presentation (or equivalent formal presentation)	Jen Koch / Jeremy Barnes		
Present at least one formal Journal Club presentation	Steve Kennedy		
Present a UW seminar to APPE students (as available)	Jen Koch / Jeremy Barnes		
Participate in creation or revision of medical center policy	Carrie Lewandowski / Jeremy Barnes		
Participate in a drug recall and/or review of therapeutic interchange process	Luke Palmer / Mary Jo Jablonski / Ben Weitzel		
Present year-long project and project poster at PSW/WPRC meeting (or other state or national meeting deemed appropriate by the residency director)	Jen Koch / Jeremy Barnes		

Medication Safety Activities

Objective	Evaluator/contact:	Date completed:	Initials/Signature of Evaluator
Review biweekly ISMP newsletter activity for each Drug Safety Subcommittee meeting	Carrie Lewandowski		
Prepare minutes for Drug Safety Subcommittee meeting(s)	Carrie Lewandowski		
Prepare agenda and lead Drug Safety Subcommittee meetings	Carrie Lewandowski		

Complete follow-up and minutes from Drug Safety Subcommittee meetings as assigned	Carrie Lewandowski		
Participate in one RCA or HFMEA (if not completed as a PGY1)	Lindsey Ladell		
Participate in a Joint Commission activity or patient tracer (if not previously completed at the CJZVAMC as a PGY1)	Lindsey Ladell		

Precepting Responsibilities

Objective	Evaluator/Contact	Notes	Initials/Signature of Evaluator
Co-precept internal medicine pharmacy students and PGY1 residents	Jen Koch / Jeremy Barnes		
Assist with orientation and evaluation of internal medicine pharmacy students	Jen Koch / Jeremy Barnes		
Assign and evaluate drug information questions and notes for internal medicine students	Jen Koch / Jeremy Barnes		
Participate in the coordination and evaluation of medication use evaluations (MUEs) for pharmacy students (as needed / as available)	Jen Koch / Jeremy Barnes		
Assist in facilitation of four Patient Care labs at MCW Pharmacy School	Jen Koch / Jeremy Barnes		

Recommended Project Timeline

Task	Evaluator/Contact	Target Date	Date Completed and Initials of Evaluator
RPD shares list of potential projects with residents	Jen Koch / Jeremy Barnes / Project Mentor	July 1st	
Resident selects project, meets with mentor, completes Research Education (if submitting to IRB)	Jen Koch / Jeremy Barnes / Project Mentor	August 1st	
Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents project to Pharmacy Residency Research Panel.	Jen Koch / Jeremy Barnes / Project Mentor	August 15th	
Resident submits finalized "Request for Determination of Operations Activity" to RPD	Jen Koch / Jeremy Barnes / Project Mentor	September 1st	
Resident submits Human Studies Paperwork to Research Service (if submitting to IRB)	Jen Koch / Jeremy Barnes / Project Mentor	October 1st	
Resident creates first draft of abstract and starts manuscript to contain background and methods.	Jen Koch / Jeremy Barnes / Project Mentor	November 1st	
Drafts of the following due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time.	Jen Koch / Jeremy Barnes / Project Mentor	December 1st	
Project data collection continues.	Jen Koch / Jeremy Barnes / Project Mentor	Dec-Mar	
Final draft of abstract due to RPD, mentor and project mentor	Jen Koch / Jeremy Barnes / Project Mentor	December 15th	

Resident registers for WPRC and submits abstract. Resident contacts medical media to determine timeline for printing of posters.	Jen Koch / Jeremy Barnes / Project Mentor	January 1st	
Resident completes data collection and starts to create final project presentation (PowerPoint) and poster.	Jen Koch / Jeremy Barnes / Project Mentor	February	
PGY1 Residents schedule practice presentations.	Jen Koch / Jeremy Barnes / Project Mentor	February	
Final draft presentation slides and poster due to RPD, mentor and project mentor.	Jen Koch / Jeremy Barnes / Project Mentor	March 1st	
Resident participates in presentation practice sessions at VA.	Jen Koch / Jeremy Barnes / Project Mentor	mid March	
Resident delivers practice Presentation at Aurora citywide event	Jen Koch / Jeremy Barnes / Project Mentor	late March	
Resident presents at WPRC	Jen Koch / Jeremy Barnes / Project Mentor	Early April	
Resident submits Research Audit with Research Compliance Office (if submitted to IRB)	Jen Koch / Jeremy Barnes / Project Mentor	end May	
Resident submits first draft of residency manuscript to project mentor and Research Panel	RPD/Project Mentor	June 1st	
Resident submits final manuscript to project mentor, residency mentor, and RPD	RPD/Project Mentor	mid June	

Overall Residency Objectives

Residency Objectives	End Quarter 1	End Quarter 2	End Quarter 3	End Quarter 4 (Final)
Percentage of R1 residency objectives marked as "Achieved for Residency" (Goal: 100% of all R1 objectives are "Achieved for Residency" by end of year)				
Residency Objectives	End Quarter 1	End Quarter 2	End Quarter 3	End Quarter 4 (Final)
R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process. Place check mark in box in quarter in which the objective was completed.				
R1.1.1 Interact effectively with health care teams to manage patients' medication therapy				
R1.1.2 Interact effectively with patients, family members, and caregivers				
R1.1.3 Collect information on which to base safe and effective medication therapy				
R1.1.4 Analyze and assess information on which to base safe and effective medication therapy				

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)				
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions				
R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate				
R1.1.8 Demonstrate responsibility to patients				
Percentage of all other objectives achieved. (Goal: 80% of all remaining ASHP objectives (not including R1 objectives) are "Achieved for Residency" by end of year)				
Number of objectives that have been marked "Needs Improvement"				
Objectives that have not yet been evaluated				

Monthly and Quarterly Sign-off (Initials and Date)

	<u>Mentor</u>	<u>Resident</u>	<u>RPD</u>
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			

Appendix L – PGY2 Medication Use Safety and Policy Program Materials

Program Design

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goal, and objectives that will be evaluated.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council, Drug Safety Committee, Medication Events Committee, Clinical Pharmacy Committee, Pharmacy Staff Meetings, Journal Clubs, Student Case Presentations, and other relevant medical conferences or meetings as determined by rotation preceptors.

1. Orientation: (~ 4 weeks; customized based on the resident's knowledge, skills, and abilities)
 - a. Hospital orientation, including personnel procedures, safety, sexual harassment, ethics training.
 - b. Overview of Pharmacy Program (inpatient satellite, IV room, outpatient pharmacy)
 - c. Service policies and procedures
 - d. Computer systems
 - e. Practice experience in a major area(s) (IV room, de-central inpatient)
 - f. Identification of a project
 - g. Assessment of personal goals and needs
2. Informatics (3 months)
3. Safety and Quality Improvement course at the Medical College of Wisconsin (MCW) (1 month)
4. Drug Safety I and II (longitudinal, 6 months each)
5. Simulation (4-6 weeks)
6. Internal Medicine (2 weeks)
7. Root Cause Analysis (6 weeks)
8. Longitudinal rotations (~12 month) include the following:
 - Formulary Management
 - Research/Quality Improvement Project
 - Pharmacy Administration
 - Residency Administration
 - Medication Events Committee
 - Patient Safety Fellowship
 - Procurement
9. Electives include: Concordia Teaching Experience (8 weeks)
10. Miscellaneous such as vacation, meetings, electives, job search (~4 weeks)

Teaching Responsibilities

Throughout the residency year, the resident will be involved in pharmacy student, pharmacy resident and all staff education. The resident will also be responsible for assisting in precepting students and residents during the residency year.

Formal Presentations

The resident will be required to give several formal student presentations throughout the year. Below are presentations that the resident will be involved in:

- LAPPE Professional Development Lectures
- VA Grand Rounds
- Patient Safety Elective
- Wisconsin Pharmacy Residency Conference (WPRC)
- Clinical Team Training

Additional presentation opportunities include:

- Concordia University Wisconsin School of Pharmacy Quality and Performance Management in Healthcare lecture
- University of Wisconsin School of Pharmacy Seminar Lecture

Teaching certificate

The PGY2 Medication Use Safety and Policy resident may choose to participate in an optional teaching certificate program through a local School of Pharmacy. See RPD for details.

Electronic File of Residency Work

The PGY2 Medication Use Safety and Policy resident is expected to keep an electronic file of all resident work (e.g. any work product such as topic discussion, policy, presentation) as well as documented feedback provided by preceptors. This electronic file will be reviewed quarterly with the RPD during the customized training plan.

Attachment 1

SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING PGY2 MEDICATION USE SAFETY AND POLICY RESIDENT

This document is intended to help you, the program director, and your preceptors plan a PGY2 Medication Use Safety and Policy residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind.

Resident: _____ Date: _____

1. In what state(s) are you licensed to practice pharmacy?

2. Are you certified in BLS? Yes _____ No _____

If yes, indicate expiration date: _____

3. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently	Average	OK, but would like additional training	I have never worked with this prior
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
VistA				
BCMA				
Lexicomp				
UpToDate				
VA ADERS				
SharePoint				
Internet				
PubMed				
MS Publisher				

4. After reflecting on your PGY1 year, please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Writing a progress note & documenting interventions				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADEs (ADRs) in VA ADERS				
Reporting Adverse Drug Events/Reactions in FDA MedWatch				
Intervening with physicians/nurses to avoid or correct a medication related problem				

Participating in strategic planning exercises				
Evaluation of accreditation standards				
Development of action plans around non-compliance with accreditation standards or safety events				
Precepting students or residents				
Mentoring				
Developing a written policy and procedure?				
Leading a committee or a meeting (setting the agenda, facilitating the meeting, tracking the follow up, preparing minutes)?				
Performing Medication Use Evaluations				
Performing Drug Literature Evaluation				
Ability to self-assess and make changes to performance based on findings				
Ability to negotiate and resolve conflicts				
Ability to manage complex projects				
Ability to effectively lead change				
Evaluating a medication error to determine potential causes and coming up with an action plan				
Acting upon a medication recall				
Acting upon a medication shortage				

5. Have you performed statistics independently? How comfortable are you in this area?

6. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluated the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Lectures to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to PNT committee				
Health care failure mode effect analysis (HFMEA)				
Root Cause analysis (RCA)				

7. Have you participated in any research endeavor, particularly a clinical trial?

_____yes _____no

If yes, please describe

8. Have you presented at a professional meeting?

_____yes _____no

If yes, please describe:


9. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for active participation in professional organizations specific to Medication Use Safety and Policy throughout the residency year?
10. State your short-term (3-5 years) and long-term (10-15 years) career goals.
11. Describe your current Medication Use Safety and Policy practice interests.
12. What are your personal and professional strengths?
13. What areas of weakness would you like to improve during the residency? What are your suggestions for improvement in these areas?
14. What three goals do you wish to achieve during the residency? (Ensure the goals are SMART – Specific, Measurable, Attainable, Relevant, Time-bound)
15. What strategy do you have for life-long continuing education?











Attachment 2**PGY2 Med Use Safety and Policy Sample Schedule**


Date	Rotation (Primary)	Longitudinal		
June – Week 4	Orientation/Patient Safety Fellowship Bootcamp	Drug Safety 1st Half (6 month)		
July – Week 1				
July – Week 2				
July – Week 3				
July Week 4	Internal Medicine	Patient Safety Fellowship (12 month)		
August – Week 1		Pharmacy Administration (12 month)		
August – Week 2	Elective/Longitudinal	Research/Quality Improvement Project (12 month)		
August – Week 3				
August – Week 4				
September – Week 1	MCW Course	Formulary Management (9 month)		
September – Week 2		Residency Administration (12 months)		
September – Week 3		Procurement (12 months)		
September – Week 4				
October – Week 1	Informatics			
October – Week 2				
October – Week 3				
October – Week 4				
November – Week 1				
November – Week 2				
November – Week 3				
November – Week 4				
December – Week 1				
December – Week 2			ASHP Midyear	
December – Week 3			Informatics	Drug Safety 2nd Half (6 month)
December – Week 4				
January – Week 1	Simulation	Medication Events Committee (12 month)		
January – Week 2		Patient Safety Fellowship (12 month)		
January – Week 3				
January – Week 4				
February – Week 1	Elective/Longitudinal	Pharmacy Administration (12 month)		
February – Week 2		Research/Quality Improvement Project (12 month)		
February – Week 3				
February – Week 4				
March – Week 1	Formulary Management (9 month)			
March – Week 2		Residency Administration (12 months)		
March – Week 3			Procurement (12 months)	
March – Week 4				
April – Week 1				
April – Week 2				

April – Week 3		
April – Week 4	WPRC	
May – Week 1	Elective/Longitudinal	
May – Week 2		
May – Week 3		
May – Week 4		
June – Week 1		
June – Week 2		
June – Week 3		
June – Week 4		

Attachment 3**Resident Name:****Date Initiated:****Last Updated:****PGY2 Medication Use Safety & Policy Residency Requirements**

<u>Activities</u>	Date Complete	Evaluated By	Suggested Completion
Incumbent reviews residency program manual, and signs acknowledgement			Orientation RPD
Incumbent understands the process of checking prescriptions using Script Pro			Orientation Outpatient Pharmacy Supervisor
Incumbent understands the process of filling, documenting and labeling prescriptions			Orientation Outpatient Pharmacy Supervisor
Incumbent is familiar with the dispensing window and understands the process of dispensing a prescription to a patient			Orientation, Weekend Orientation Outpatient Pharmacy Supervisor
Incumbent understands the process for reviewing prescriptions on the patient's medication profiles			Orientation Outpatient/Inpatient Pharmacy Supervisor
Incumbent is able to finish prescriptions independently			Orientation/Intern al Medicine
Incumbent is familiar with the process of refilling prescriptions for patients			Orientation
Incumbent understands the process of refilling a cell in the Robot			Orientation Outpatient Pharmacy Supervisor
Incumbent is familiar with counting machines			Orientation Outpatient Pharmacy Supervisor
Incumbent becomes familiar with the Automated Dispensing Unit Cabinet System			Orientation  Automated Dispensing Cabinets_

			Inpatient Pharmacy Supervisor
Incumbent is able to check materials for the Code-4 carts			Orientation Inpatient Pharmacy Supervisor
Incumbent discusses Emergency Management process for pharmacy.			Orientation/Procurement
Incumbent discusses various data extraction methods available in the VA.			Orientation/Informatics
Incumbent will complete the following IHI Open School Modules.  PS101  QI 101  PS102  QI 102  PS103  QI 103  PS104  QI 104  PS105  QI 105 http://www.ihi.org/education/ihiopenschool/Pages/default.aspx			Orientation/MCW Course
Incumbent discusses procurement/inventory process to include discussion of drug shortages & drug recalls			Procurement & Pharmacy Administration
Incumbent discusses the Medication Use Evaluation (MUE) Process			Formulary Management
Incumbent discusses pharmacy department specific all employee survey results with a focus on culture of safety components			Pharmacy Administration
Incumbent understands SMART goals			Orientation/Residency Administration
Incumbent completes Active Coping Module - Residency Wellness Center and reviews Residency Wellness Center and local resources for support			Orientation RPD
The resident completes topic discussion with Ethics/Compliance Officer			Orientation Ethics/Compliance Officer
The resident will review all "How To" documents and residency resources.			Orientation

Activities	Date Completed	Evaluated By	Consider completing this activity
Incumbent will develop a topic discussion on strategic planning and deliver to RPD. NOTEBOOK REQUIREMENT <i>Topic discussion documents</i>			Residency Administration  Leading a Strategic Planning Effort.pdf
The resident will participate in short- or long-term strategic planning. NOTEBOOK REQUIREMENT <i>Written strategic plan and/or written summary of experience</i>			Residency Administration Pharmacy Administration
Incumbent reviews student medication safety learning material and revises NOTEBOOK REQUIREMENT <i>Revised learning materials</i>			Residency Administration
Incumbent will participate in at least 6 Alaris Pump Tracers to include attending the tracer, inputting data into tracking spreadsheet & developing a tracer summary to be shared with unit leadership (<u>write date and unit</u>) NOTEBOOK REQUIREMENT <i>Tracer summary</i>			Contact PI Coordinator Medication Management to coordinate, Informatics
Incumbent participates substantially in at least two drug shortages or recalls (<u>write date and drug</u>) NOTEBOOK REQUIREMENT <i>Written documentation of shortage or recall (may include screenshot of recalls website)</i>			Procurement
Incumbent presents at least two formal Journal Club presentations NOTEBOOK REQUIREMENT <i>Journal club handout and presentation, if applicable</i>			Steve Kennedy (local journal club), Patient Safety Fellowship
Incumbent participates in an accreditation survey, a mock survey, or a targeted assessment of an accreditation standard			To be coordinated with Lindsey Ladell or Anna Jozefiak
Incumbent participates in a discussion of Medication Management standards with Accreditation Specialist			Date to be coordinated with PGY1s/ Accreditation Specialist/Medication Management PI Coordinator


<p>Incumbent will facilitate at least one Root Cause Analysis and will report out recommendations to the Top Management Team</p> <p>NOTEBOOK REQUIREMENT <i>Deidentified action plan</i></p>			<p>To be coordinated with Lindsey Ladell, Dan McRae or Anna Jozefiak</p>
<p>Incumbent will proactively evaluate at least one high risk processes utilizing Healthcare Failure Mode Effect Analysis methodology and will develop a written summary</p> <p>NOTEBOOK REQUIREMENT <i>Written summary of HFMEA</i></p>			<p>To be coordinated with Lindsey Ladell or Anna Jozefiak https://www.patientsafety.va.gov/podcasts.asp Ideas: Close Call Medication Event Trends, ISMP Best Practices, Shortage/Recall</p>
<p>Incumbent will prepare a written document of evidence-based information on an assigned topic to enhance organizational committee decisions related to medication-use systems/policies</p> <p>NOTEBOOK REQUIREMENT <i>Written document</i></p>			<p>Formulary Management Drug Safety Medication Events</p>
<p>Incumbent will precept/complete at least one Medication Use Evaluation, Drug Class Review, Treatment Guideline/Policy/Protocol</p> <p>NOTEBOOK REQUIREMENT <i>Written documentation</i></p>			<p>Formulary Management</p>
<p>Incumbent will evaluate and complete at least 10 PADR consults</p> <p>NOTEBOOK REQUIREMENT <i>Deidentified documentation of PADR documentation</i></p>			<p>Formulary Management</p>
<p>Incumbent will present Patient Safety Team group project at Grand Rounds or equivalent local formal presentation (write date & title)</p> <p>NOTEBOOK REQUIREMENT <i>Presentation slides and handouts, if applicable</i></p>			<p>Patient Safety Team to coordinate date with Mary Hagle.</p>
<p>Incumbent will assist with the construction or revision of at least one order set (<u>write date & title of order set</u>)</p> <p>NOTEBOOK REQUIREMENT <i>Screenshot of order set/EHR</i></p>			<p>Informatics/Formulary Management</p>

Incumbent will write or revise at least one Residency Rotation Learning Experience (<u>write date & rotation</u>) NOTEBOOK REQUIREMENT <i>Learning Experience</i>			Contact Lindsey Ladell to coordinate.
Incumbent compose or extensively revise at least one medication-use policy or procedure. This must include: review of whether it meets accreditation standards, obtaining consensus from stakeholders, formulating an implementation plan, collaborate with others to develop any necessary educational materials, and collaborate with others to provide education, if applicable, & assess the implementation (<u>write document date & policy title</u>) NOTEBOOK REQUIREMENT <i>Policy</i>			Pharmacy Administration, Drug Safety, Medication Events Committee
Incumbent must evaluate at least two medication use policies/systems using a gap analysis to determine compliance with accreditation standards			Pharmacy Administration, Drug Safety, Ashley Hauser (PI Coordinator, Medication Management)
Incumbent will present year-long project at Wisconsin Pharmacy Residency Conference (or other state or national meeting deemed appropriate by the residency program director) NOTEBOOK REQUIREMENT <i>Poster and presentation slides</i>			Research & Quality Improvement
Incumbent will update NIOSH List of Hazardous Drugs in Healthcare Settings NOTEBOOK REQUIREMENT <i>Updated NIOSH list or documentation of recommendations</i>			Drug Safety
Incumbent will update/create at least one simulation to include: <ul style="list-style-type: none"> - Alignment with policies & procedures - Alignment with literature NOTEBOOK REQUIREMENT <i>Written summary of simulation</i>			Simulation
Incumbent will evaluate and respond to at least 4 pharmacy department specific JPSRs in collaboration with pharmacy administration NOTEBOOK REQUIREMENT <i>Deidentified summary of review and response</i>			Pharmacy Administration

Incumbent will evaluate medication event aggregate data/information and prepare and present at least one summary to the pharmacy department during a staff meeting NOTEBOOK REQUIREMENT <i>Written summary of presentation or handout</i>			Pharmacy Administration
Incumbent will complete annual medication events aggregate root cause analysis NOTEBOOK REQUIREMENT <i>Written summary of aggregate review</i>			Medication Events Committee/PI Coordinator Medication Management
Incumbent will prepare at least 4 written responses to non-pharmacy department medication related adverse event or close call with suggested responses to prevent similar events NOTEBOOK REQUIREMENT <i>Written summary of analysis and action plan</i>			Medication Events Committee/PI Coordinator Medication Management
Incumbent will review at least one Just the Facts flyer and make changes based on standards or create at least one new Just the Facts based on Joint Commission standards NOTEBOOK REQUIREMENT <i>Just the Facts document</i>			PI Coordinator Medication Management/Anna Jozefiak/Lindsey Ladell
The incumbent will prepare for at least one quarterly medication event committee meeting to include development of agenda, quarterly medication event analysis, meeting leadership and meeting follow-up NOTEBOOK REQUIREMENT <i>Agenda and any other meeting documents developed</i>			PI Coordinator Medication Management/Medication Events Committee
Incumbent attends at least 3 drug rep meetings per quarter (<u>write dates of meetings</u>)			Jen Koch
Incumbent will teach at least one session of the patient safety elective during each offering. The resident will review elective participant feedback and will prepare a written reflection on how teaching approach will be modified based on learner feedback. Reflection should be reviewed with the RPD. NOTEBOOK REQUIREMENT <i>Written reflection</i>			Residency Administration

Project Timeline

Task	Evaluator/Contact	Target Date	Date Completed and Initials of Evaluator
RPD shares list of potential projects with residents	Lindsey Ladell/Project Mentor	July 1	
Resident selects project, meets with mentor, completes Research Education (if submitting to IRB)	Lindsey Ladell/Project Mentor	August 1	
Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents project to Pharmacy Residency Research Panel NOTEBOOK REQUIREMENT	Lindsey Ladell/Project Mentor	August 15	
Resident submits finalized "Request for Determination of Operations Activity" NOTEBOOK REQUIREMENT	Lindsey Ladell/Project Mentor	September 1	
Resident submits Human Studies Paperwork to Research Service (if submitting to IRB) NOTEBOOK REQUIREMENT	Lindsey Ladell/Project Mentor	October 1	
Resident creates first draft of abstract and starts manuscript to contain background and methods	Lindsey Ladell/Project Mentor	November 1	
Drafts of the following are due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time. NOTEBOOK REQUIREMENT	Lindsey Ladell/Project Mentor	December 1	
Project data collection continues	Lindsey Ladell/Project Mentor	Nov - Mar	
Resident submits abstract for WPRC to RPD and project mentor (as applicable) for feedback. NOTEBOOK REQUIREMENT	Lindsey Ladell/Project Mentor	February 15	
Resident registers for WPRC and submits abstract. Resident contacts medical media to determine timeline for printing of poster	Lindsey Ladell/Project Mentor	March 1	
Resident completes data collection. Final presentation slides sent to RPD, mentor, and project mentor. Resident schedules practice presentations (in coordination with other residents) NOTEBOOK REQUIREMENT	Lindsey Ladell/Project Mentor	March 1	
Resident participates in WPRC practice sessions	Lindsey Ladell/Project Mentor	March	

Resident submits slides as required by WPRC	Lindsey Ladell/Project Mentor	March	
Resident delivers practice presentation at Aurora citywide event, unless approved by RPD not to	Lindsey Ladell/Project Mentor	March	
Resident presents at WPRC (podium and poster)	Lindsey Ladell/Project Mentor	April 5	
Resident submits Research Audit with Research Compliance Office (if submitted to IRB)	Lindsey Ladell/Project Mentor	May 30	
Resident submits first draft of residency manuscript to project mentor and Research Panel	Lindsey Ladell/Project Mentor	June 1	
Resident submits final manuscript to project mentor, residency mentor, and RPD. Completes VHA1058 prior to publication submission.  VHA1058_05_Documentation_Format_F <ul style="list-style-type: none"> • First draft of manuscript due to project mentor & RPD 1 month prior to completion date of residency • Final draft due to RPD 5 days prior to completion date of the residency NOTEBOOK REQUIREMENT	Lindsey Ladell/Project Mentor	June 15	

Appendix M – PGY2 Psychiatric Pharmacy Program Materials

Initial Assessment

At the beginning of the Residency Program, the resident will be asked to complete the Incoming Skills Survey to help customize program design. See Attachment 1.

Program Design

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goals, and objectives that will be evaluated. See Attachment 2 for a sample schedule

1. Required Block Rotations
 - a. Orientation
 - b. Acute Inpatient Psychiatry #1
 - c. Acute Inpatient Psychiatry #2
 - d. Concordia University Wisconsin - Academic Rotation
 - e. Consult/Liaison Psychiatry
 - f. Mental Health Residential Rehabilitation Treatment Program #1
 - g. Mental Health Residential Rehabilitation Treatment Program #2
 - h. Neurology
2. Required Longitudinal Rotations
 - a. Administration (yearlong)
 - b. Clozapine Monitoring Clinic (every 4th Wednesday, yearlong)
 - c. Concordia University Wisconsin - Mental Health Advanced Psychopharmacology (longitudinal, every Monday afternoon during Spring semester)
 - d. Metabolic Syndrome (Wednesday and/or Friday morning)
 - e. Primary Care Mental Health Integration (yearlong)
 - f. Research (yearlong)
 - g. Tobacco Cessation Clinic (Wednesday afternoon)
3. Elective Block Rotations
 - a. Academic Detailing
 - b. Immediate Mental Health Access Clinic
 - c. Internal Medicine
 - d. Mental Health Intensive Case Management
 - e. Outpatient Mental Health
 - f. Primary Care
 - g. Substance Use Disorders
 - h. Establish New Rotation

Teaching Responsibilities

The VA offers a mental health clinical rotation for APPE students from the University of Wisconsin – Madison, Concordia University Wisconsin, Medical College of Wisconsin, and Drake University. The resident is responsible for assisting in precepting the students during the residency year. The resident will also have opportunities to take part in the student evaluations.

PGY2 Psychiatric Pharmacy Residency Requirements

The list of requirements for successful completion of the PGY2 Psychiatric Pharmacy Residency Program is available in attachment 3. All activities must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The resident and Residency Director will review progress quarterly when completing Customized Training Plan.

Details on some additional responsibilities are listed below.

Teaching certificate

The PGY2 Psychiatric Pharmacy resident may choose to participate in an optional teaching certificate program through a local School of Pharmacy. See RPD for details.

Disease State Grid

The PGY2 Psychiatric Pharmacy resident is expected to keep track of disease states reviewed and discussed throughout the residency year. An electronic form will be used for tracking purposes and will be provided by the RPD at the start of the residency year.

Electronic File of Residency Work

All residents are expected to keep an electronic file of all resident work products (e.g. topic discussion, policy development, etc.) as well as documented feedback provided by preceptors.

Coverage Responsibilities

The PGY2 psychiatric pharmacy resident will be expected to assist with mental health workgroup coverage as needed in any of the following settings: MHR RTP, PCMH, inpatient psychiatry, or outpatient mental health. The resident will be provided as much notice as possible regarding coverage responsibilities, however, same day notice may be necessary in the event of unplanned mental health pharmacist absence.

Attachment 1

SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING PGY2 PSYCHIATRIC PHARMACY RESIDENT

This document is intended to help you, the program director, and your preceptors plan a PGY2 Psychiatric Pharmacy residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. Please complete electronically.

Resident: _____ Date: _____

1. In what state(s) are you licensed to practice pharmacy?

2. Are you certified in BLS? Yes ____ No ____
If yes, indicate expiration date: _____
3. Have you received training in prevention and management of disruptive behavior
Yes ____ No ____
If yes, indicate type of training _____
4. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently	Average	OK, but would like additional training	I have never worked with this prior
Microsoft Word				
Microsoft Excel				
Microsoft PowerPoint				
Microsoft Outlook				
Computerized Patient Record System (CPRS)				
Veterans Integrated System Technology Architecture (Vista)				
Barcode Medication Administration (BCMA)				
WI Prescription Drug Monitoring Program (PDMP)				
Centralized Mail Order Pharmacy (CMOP) website				
Pharmacy Benefits Manager (PBM) website				
College of Psychiatric and Neurologic Pharmacists (CPNP) website				
DSM-5				
Sharepoint				

Lexicomp				
Micromedex				
UpToDate				
PubMed				
PharmAcademic				

5. What behavioral health clinical experiences have you had? (site, type of patients, length of experience).

a. Site Patient Type Length of Time

6. After reflecting on your PGY1 year and previous experiences, please rank your confidence with the following topics using a scale of 1 (not confident) to 5 (very confident).

Rank		Rank	
	Major Depressive Disorder		Movement Disorders
	Bipolar Disorder		Headaches/Migraines
	Schizophrenia		Seizure Disorders
	Generalized Anxiety Disorder		Multiple Sclerosis
	Panic Disorder		Traumatic Brain Injury
	OCD		ADHD
	Social Anxiety Disorder		Disruptive, Impulse-Control, and Conduct Disorders
	PTSD		Other Developmental Disorders
	Alcohol Use Disorder		Sleep-Wake Disorders
	Opioid Use Disorder		Metabolic Syndrome
	Other Substance Use Disorder		Pregnancy and postpartum psychiatric disorders
	Dual Diagnosis		Economic and Outcome Studies in Psychiatry
	Personality Disorders		Biostatistics
	Eating Disorders		Precepting (students and residents)
	Neurocognitive Disorders		Course Development (academia)
	Behavioral and Psychological Symptoms of Dementia		Research Design
	Delirium		Regulatory Issues in Pharmacy Practice
	Chronic Pain Management		

7. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Taking a medication history				
Providing discharge instructions				
Interviewing patients for changes in health status				
Writing a progress note				
Clarifying an order with a provider				
Recognizing and/or reporting ADRs				

Recognizing and/or reporting patient events				
Intervening with nurses to correct a medication related problem				
Documenting interventions				
Written Communication				
Verbal Communication				
Public Speaking				
Evaluating non-formulary medications				
Motivational interviewing				
Collaborating on an interprofessional health care team				.
Performing mental health assessments and brief questionnaires (PHQ-9, GAD-7, PCL-5)	.	.	.	..
Preparing a lecture for pharmacy students	.	.	.	.
Preparing a discussion for an interdisciplinary team of healthcare professionals	.	.		
Leading a patient medication group	.	.	.	.
Patient Case Presentation	.	.	.	.
Dealing with conflict	.	.	.	.
Time Management	.	.	.	.
Providing constructive feedback	.	.	.	.
Receiving constructive feedback	.	.	.	.
Formulary monographs				
Drug literature evaluation				
Medication use evaluation				
Interpreting basic statistics				

8. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Formal patient case presentation				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Presentations to P&T committee				
Written learning experiences for residency rotations				

9. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Performed medication use evaluations?				
Been involved in an accreditation or survey (JCAHO, ASHP, OMHO, CARF)?				
Been involved with quality improvement?				
Been involved in a drug shortage?				

10. Have you precepted pharmacy trainees before?

_____yes _____no

If yes, please describe your experiences

11. Have you participated in any research endeavor?

_____yes _____no

If yes, please describe

12. Have you presented at a professional meeting?

_____yes _____no

If yes, please describe:

13. State your short-term (1-3 years) and long-term (5-10 years) career goals.

14. Describe your current psychiatric practice interests. Specific settings? Patient populations? What areas would you like to concentrate attention during the program that helps meet your practice needs.

15. What are your personal and professional strengths? This should include direct patient care skills as well as personal strengths.

16. List areas for improvement that you would like to focus on during the residency? What are your suggestions for improvement in these areas?

17. What three goals do you wish to achieve during the residency (SMART goals)? How do you plan to achieve them?

18. What strategy do you have for life-long continuing education?

19. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations?
20. What type of learner are you (VARK Questionnaire)? How do you learn best (discussion, Powerpoints, readings, teachings, etc.)?
21. What characteristics do you look for in a good preceptor?
22. Our PGY1 residents are required to work 10 weekend shifts (0730-1600) over the course of the year, primarily covering inpatient anticoagulation and pharmacokinetics (dosing vancomycin and aminoglycosides). This is optional for PGY2 residents to participate in if they are interested. You would receive training specific for this and be able to coordinate your weekends with the other residents. This is compensated at a pharmacist wage, above and beyond your resident stipend. Is this something you may be interested in?
23. The preceptors occasionally bring in breakfast - what are your favorite types of donuts and bagels? Any flavor you don't like?
24. Please indicate your preferences for rotation length by highlighting the number of weeks you would like to spend in that rotation. This will help us establish your rotation schedule for the year. Changes may be made throughout the year if your interests change, but this will help provide a framework. The total number of weeks selected should equal 51 as CPNP Annual Meeting and PSW Educational Conference will take up a portion of the schedule.

Required Block	Required	Maximum
Orientation	2	
Inpatient Psychiatry #1	5	
Inpatient Psychiatry #2	7	9
MHRRTP #1	5	
MHRRTP #2	6	8
Academia at CUW	8	
Neurology	4	6
Required Longitudinal	Required	Maximum
Primary Care Mental Health Integration	52	
Clozapine Clinic	52	
Consult/Liaison Psychiatry	6	8
Metabolic Syndrome Monitoring Clinic	8	

Tobacco Cessation Clinic*	12	
Electives Block	Minimum	Maximum
CUW MH Elective	Spring Semester	
Immediate Mental Health Access Clinic	4	6
Mental Health Intensive Case Management	3	4
Outpatient MH Clinic	3	4
Substance Use Disorder	2	3
Academic Detailing	3	4
Primary Care	3	4
Internal Medicine	4	

Total (only include Block learning experiences) =

Attachment 2
Example PGY2 Psychiatric Pharmacy Resident Schedule

Rotation	Start Date	End Date		Monday	Tuesday	Wednesday	Thursday	Friday
Orientation (MH)	7/1/19	7/19/19		Refer to Outlook Calendar				
MHRRTP #1 (JL)	7/22/19	8/23/19	AM	MHRRTP #1	Admin	Metabolic	MHRRTP #1	Metabolic
Metabolic Clinic (BD)			PM	MHRRTP #1	MHRRTP #1	Metabolic/Smoking	MHRRTP #1	Admin
Inpt Psych #1 (EM)	8/26/19	9/27/19	AM	Inpt Psych #1	Inpt Psych #1	Inpt Psych #1	Inpt Psych #1	Inpt Psych #1
			PM	Inpt Psych #1	Admin	Metabolic/Smoking	Inpt Psych #1	Admin
CUW (BD)	9/30/19	11/22/19	AM	Admin	CUW	Metabolic	CUW	CUW/Admin
Smoking Clinic (MKH/MH)			PM	MHRRTP #1	CUW	Metabolic	CUW	CUW/Admin
MHICM	11/25/19	12/13/19	AM	MHICM	MHICM	MHICM	MHICM	MHICM
			PM	MHICM	MHICM	MHICM	MHICM	MHICM
Neurology (MKH)	12/16/19	1/17/20	AM	Neurology	Admin	Neurology	Neurology	Neurology
			PM	Neurology	Neurology	Neurology	Neurology	Admin
MHRRTP #2 (MH)	1/20/20	2/28/20	AM	MHRRTP #2	MHRRTP #2	Admin	MHRRTP #2	Admin
			PM	CUW Elective	MHRRTP #2	MHRRTP #2	MHRRTP #2	MHRRTP #2
Inpt Psych #2 (MH/MKH)	3/2/20	4/10/20	AM	Inpt Psych #2	Inpt Psych #2	Inpt Psych #2	Inpt Psych #2	Inpt Psych #2
			PM	CUW Elective	Inpt Psych #2	Admin	Inpt Psych #2	Admin
Outpatient MH (JL/MH)	4/13/20	5/15/20	AM	Outpt MH	Outpt MH	Outpt MH	Outpt MH	Outpt MH
MH Consult/Liaison (EM)			PM	CUW Elective	C/L	C/L	C/L	Admin
IMHAC (EM/MKH)	5/18/20	6/26/20	AM	IMHAC	IMHAC	IMHAC	Admin	IMHAC
			PM	C/L	C/L	C/L	C/L	C/L
Longitudal	PCMHI (MKH/MH/EM), trainee mtg every Wed. 11-12:30							
	Clozapine Clinic (BD), every 4th Wed. all day							
	CUW Mental Health Elective (BD)							
	Research							
Administration (MH)	PCMHI, clinic prep, projects, lecture prep, research, meetings							

Attachment 3

PGY2 Psychiatric Pharmacy Residency Requirements

Requirement	Description
25 of the 31 (80%) residency objectives are "Achieved for Residency"	PharmAcademic will be reviewed quarterly and progress documented in customized training plan
All R1 residency objectives are "Achieved for Residency"	PharmAcademic will be reviewed quarterly and progress documented in customized training plan
Disease State Checklist	Review required content matter throughout the year
Research Project	Refer to research timeline (attachment 4) for specific requirements and deadlines
PCMHI Journal Club	Lead one journal club during PCMHI trainee meeting
Medication Use Evaluation	Complete one MUE over the course of the year
Drug Monograph/Guideline Review	Review PBM drug monograph or newly published guidelines
Healthy Sleep Group (PCMHI)	Responsible for leading a total of 2 groups
Long Term Care Chart Review	Responsible for completing monthly chart review on CLC patient by the 25th of every month
Opioid Recovery Group (MHR RTP) *if restarted	Responsible for leading one group independently
Tobacco Cessation Group *if restarted	Responsible for leading one session during smoking cessation learning experience
CUW Pharmacotherapy	Responsible for course development of one lecture
MCW Pharmacotherapy	Responsible for course development of one lecture
Geropsychiatry Conference Series	Co-lead discussion on pharmacotherapy clinical pearls in geriatrics to 2 nd year psychiatry residents
UW Seminar	Lead seminar on Psychiatric Update
Dom Culture of Safety (if applicable)	Co-lead discussion on risk mitigation/overdose prevention
Pharmacy Journal Club	Complete one over the course of the year
CUW Advanced Mental Health Pharmacotherapy	Responsible for course development of an elective topic
Outpatient Mental Health Clinical Pearl	Present clinical pearl during monthly providers meeting
WPRC Annual Education Meeting	Present PowerPoint of research along with poster presentation at meeting.

CPNP Poster	To be presented at the Annual Meeting
Research Manuscript	Written in Mental Health Clinician format
Ongoing Meetings	
PCMHI Trainee Meeting	Participate in weekly topic discussion and case discussion
PCMHI Whole Team Meeting	Participate in monthly group discussion
PCMHI Gold Clinic Protected Time	Participate in monthly clinic meeting
Geropsychiatry Resident Case Conference	Participate in monthly topic discussion or case discussion
PCMHI Gold Clinic Teamlet Huddles	Participate in each teamlet huddle twice during 1 st quarter, then as needed
Medical Student Case Conference	Participate in twice monthly case discussion
Committee (attend at least once)	Description
Pain Management Team	Discuss pain service updates with interdisciplinary team and develop/revise pain related policy as needed
Interdisciplinary Pain Team	Assist with STORM review and documentation
High Utilization Committee	Review utilization patterns of patients who frequently visit the ER or inpatient psychiatry and discuss possible intervention to direct them to the most appropriate level of care
MH Environment of Care	Maintain safe and clean environment on 3c and MHR RTP
Ethics	Discuss ethics consultation during last quarter

Attachment 4

PGY2 Psychiatric Pharmacy Residency Research Requirements

Research Requirement	Approximate Deadline
<i>RPD shares list of potential projects with residents</i>	<i>7/6 or before</i>
<i>Resident selects a project topic and meets with co-investigators</i>	<i>7/20 or before</i>
<i>Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents to Pharmacy Residency Research Panel</i>	<i>15-Aug</i>
<i>Resident completes Research Education (if submitting to IRB)</i>	<i>1-Sep</i>
<i>Resident submits finalized "Request for Determination of Operations Activity" to RPD</i>	<i>1-Sep</i>
<i>Human Studies Paperwork to be completed and turned into Research Service (if submitting to IRB)</i>	<i>1-Oct</i>
<i>Data Collection</i>	<i>Oct - March</i>
<i>Resident creates first draft of abstract and starts manuscript to contain background and methods</i>	<i>1-Nov</i>
<i>Drafts of the following due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time.</i>	<i>1-Dec</i>
<i>Abstracts due to CPNP and WPRC</i>	<i>Mid-January</i>
<i>Deadline for Registration for CPNP and WPRC</i>	<i>Early March</i>
<i>Abstract for WPRC/CPNP Poster Due</i>	<i>1-Mar</i>
<i>Data collection complete and first draft of WPRC slides due to co-investigators</i>	<i>1-Mar</i>
<i>Data Analysis complete and Poster due to medical media for printing</i>	<i>15-Mar</i>
<i>WPRC practice sessions</i>	<i>March</i>
<i>Present at WPRC Annual Education Conference</i>	<i>Early April</i>
<i>Present at CPNP Annual Meeting</i>	<i>Late April</i>
<i>Conduct Research Audit with Research Compliance Office (if submitted to IRB)</i>	<i>Late May</i>
<i>First draft of project manuscript due to co-investigators</i>	<i>1-Jun</i>
<i>Final manuscript due to co-investigators and RPD.</i>	<i>Mid-June</i>
<i>*Resident to schedule progress update with co-investigators ever 1-2 months as needed</i>	

Appendix N – PGY1 Pharmacy Residency Program (Green Bay) Materials

Rotations

For the PGY-1 Pharmacy Residency at the Milo C. Huempfner Health Care Center in Green Bay, the first half of the year will consist of four to six-week block rotations consisting of administration, oncology, primary care, formulary management, and pharmacy practice. The second half of the year will consist of longitudinal activities as determined by the resident and the residency advisory board with an emphasis on primary care.

Core block rotations include:

- Primary Care (Ambulatory Care)
- Pharmacy Practice
- Anticoagulation
- Oncology
- Mental Health (Completed as the final rotation of the residency year)

Skills Survey and Plan for Development

At the beginning of the Residency Program, the resident will be asked to complete the Skills Survey and Plan for Development. See Attachment 1.

Longitudinal Activities:

Pharmacy Administration: The resident will be introduced to pharmacy administration and drug use policy topics and meetings. These are incorporated into the residency throughout the year. See the learning experience description for more details. To ensure the residents are exposed to a variety of administrative tasks and experiences, the resident will complete activities on the Pharmacy Administration Requirements document. See Attachment 2. Greater than 80% of these requirements must be fulfilled prior to completion of the residency.

Formulary Management: The resident will be assigned on average approximately two to four non-formulary medication requests per month. This ensures that the resident becomes familiar with the formulary process and reviews medications and indications otherwise not covered in the residency year. A full description of this rotation is available in PharmAcademic.

Home Based Primary Care: The resident will be introduced to primary care in the home setting, and the unique challenges this setting presents.

It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. If this proves challenging, the resident should discuss strategies for doing so with their rotation preceptor or the residency director. Part of the objectives for assigning rotations and a longitudinal activity is to prepare residents for clinical practice where multiple demands needs to be assessed, prioritized, and managed. In the event of absence (planned or unplanned) the resident should determine if and how coverage would need to be re-assigned to other staff.

Practice Requirements

After orientation, the resident is not expected to staff in a dispensing capacity on a regular basis. To ensure that graduates of the Pharmacy Residency Program are still competent and well-rounded practitioners, a set of Pharmacy Practice Requirements has been developed. See Attachment 3. These requirements will be addressed in their entirety in the orientation and pharmacy practice rotations. All activities of this requirement must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The Residency Director will review progress on completion of requirements quarterly.

Attachment 1

SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING PGY1 RESIDENTS (GREEN BAY)

This document is intended to help you, the program director, and your preceptors plan a pharmacy practice residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. It is preferred if done electronically.

Resident: _____ Date: _____

1. Are you a licensed pharmacist? _____yes _____no
 - a. If yes, what state? _____
 - b. If no, when will you be licensed? _____
 - c. If no, in what state do you plan to be licensed? _____
2. Are you certified in BLS? Yes _____ No _____
If yes, indicate expiration date: _____
3. Are you ACLS certified? Yes _____ No _____
If yes, indicate expiration date: _____
4. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check Pt profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

5. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
MS OneNote				
CPRS				
SharePoint				
Internet				
PubMed				
Ovid				
MS Publisher				

6. There are 4 main ways of learning –

V – Visual
A – Aural
R – Read/write
K – Kinesthetic

- a. We would like to find out the way that you learn best, so we can tailor your learning during the residency year.
- b. Please go to: <http://www.vark-learn.com/english/index.asp>.
- c. From that site, please click on questionnaire and answer the questions. When answering the questions, we all would like multiple methods of being taught, but try to choose the answer that fits best. When you have completed submit the questionnaire and list below your score for each domain. When you are given your scores, you will be also given a link with some tips for your style. Be sure to check those out as well.
- d. List your scores here:

7. What clinical experiences have you had? (site, type of patients, length of experience). May attach separate list if desired.

a. Site

Patient Type

Length of Time

8. After reflecting on your Pharm.D. student clerkships and internship please rank yourself as competent and confident using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).

Ambulatory Care Cardiology
Anticoagulation
Diabetes/Endocrine
Gastroenterology
Geriatrics
HIV/Infectious Disease
Pharmacokinetics
Hyperlipidemia
Internal medicine
Nephrology
Neurology

Nutrition /Electrolytes
Oncology
Psychiatry
Respiratory diseases
Drug literature evaluation
Drug safety
Formulary monographs
Institutional practice (staffing)
Medication use evaluation
Pharmacoeconomics
Research project
Other (please specify)

9. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the pt chart				
Recognizing and/or reporting ADE's (ADR's)				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formularies				

10. Do you have formal course work in drug information and statistics? How comfortable are you in these areas?

11. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

12. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

13. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

14. Have you participated in any research endeavor, particularly a clinical trial?

_____yes _____no

If yes, please describe.

15. Have you attended an investigational review board meeting (IRB)?

_____yes _____no

16. Have you presented at an ASHP, ACCP APhA or other professional meeting?

_____yes _____no

If yes, please describe:

17. State your short-term (3-5 years) and long-term (10-15 years) career goals.

18. Describe your current practice interests.

19. What are your personal and professional strengths?

20. What areas of weakness would you like to improve during the residency? What are your suggestions for improvement in these areas?

21. What areas of residency training would you like to concentrate on during the residency?

22. What three goals do you wish to achieve during the residency?

23. What strategy do you have for life-long continuing education?

24. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

Attachment 2

OUTGOING PGY1 SKILLS SURVEY

Now that you have completed your residency, we want to reflect on your progress during the year. You completed a similar survey at the beginning of this residency. We would like you now to complete the skills survey again.

Resident: _____ Date: _____

2. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check patient profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

17. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
MS OneNote				
CPRS				
SharePoint				
Internet				
PubMed				
Ovid				
MS Publisher				

18. After reflecting on your Pharm.D. student clerkships and residency please rank yourself as competent and confident using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).

Clinical

Pre Post

Ambulatory Care Cardiology
Anticoagulation
Diabetes/Endocrine
Gastroenterology
Geriatrics

Administrative

Pre Post

Distributing
Drug literature evaluation
Formulary monographs
Medication Use Safety
Medication Use Evaluation
Pharmacoeconomics

HIV/Infectious Disease
 Pharmacokinetics
 Hyperlipidemia
 Nephrology
 Oncology
 Psychiatry
 Respiratory diseases

--	--

Research project

19. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADE's (ADR's)				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formularies				

20. How comfortable are you in drug information and statistics?

21. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

22. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

23. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

24. Have you participated in any research endeavor, particularly a clinical trial?

_____yes _____no

If yes, please describe.

25. Have you attended an investigational review board meeting (IRB)?

_____yes _____no

26. Have you presented at an ASHP, ACCP APhA or other professional meeting?

_____yes _____no

If yes, please describe:

27. State your short-term (3-5 years) and long-term (10-15 years) career goals.

28. Describe your current practice interests.

29. What are your personal and professional strengths?

30. What areas of weakness would you like to improve?

31. What strategy do you have for life-long continuing education?

32. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

Attachment 2**Resident Name:** _____**Date Initiated:** _____**Date Completed:** _____**Pharmacy Residency Administration Requirements (Green Bay)**

Objective	Comments	Date(s) Completed	Evaluated By:	Contact person:
Incumbent attends 4 Drug Safety Subcommittee Meetings. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.			Contact Shannon Pace to coordinate.
Incumbent completes minutes for at least one Drug Safety Subcommittee Meeting. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.			Contact Shannon Pace to coordinate.
Incumbent attends one VISN 12 Formulary Committee Meeting. (Document Date).	Held monthly on third Thursday of most months at 2 PM.			Contact Shannon Pace for agenda.
Incumbent discusses procurement/inventory process.				Contact Shannon Pace to coordinate.
Incumbent discusses Emergency Management process for Pharmacy.				Contact Shannon Pace to coordinate.
Incumbent observes 2 drug rep meetings with Shannon and/or other pharmacy designee.				Contact Shannon Pace to coordinate
Incumbent discusses the Medication Use Evaluation (MUE) process.				Date to be arranged with Shannon Pace.
Incumbent completes one MUE.				Can be done on any rotation. Contact Shannon Pace.
Incumbent participates in at least one Joint Commission Tracer activity (if available at the GBHCC).				Date to be coordinated with Shannon Pace
Incumbent will participate in a monthly seminar discussing the ASHP Managing and Leading Text				Dates to be coordinated with Shannon Pace
Incumbent will write formal responses to at least 2 drug information questions.				Can be done on any rotation. Contact Shannon Pace.

Evaluators:

<u>Print Name</u>	<u>Signature</u>	<u>Initials</u>

Attachment 3

Resident Name: _____

Date Initiated: _____

Date Completed: _____

Pharmacy Residency Practice Requirements (Green Bay)**Inpatient/Outpatient Pharmacy**

Inpatient Pharmacy	<u>Date Completed:</u>	<u>Evaluated by:</u>	<u>Consider completing this activity:</u>
Incumbent becomes familiar with the Automated Dispensing Unit Cabinet system.			Orientation
Incumbent becomes familiar with the Auto Replenishment Program.			Orientation
Completes orientation to the principles of sterile product preparation, including the preparation of and special solutions used in the operating room.			Orientation
Incumbent is able to check materials for the Code-4 carts.			Orientation
Incumbent to complete 1 – 2 CLC chart reviews monthly.			Coordinated by Shannon Pace throughout the year

<u>Outpatient Pharmacy</u>			
Incumbent is able to check prescriptions independently.			Orientation
Incumbent is able to fill, document, and label prescriptions accurately.			Orientation
Incumbent is able to finish prescriptions independently.			Orientation
Incumbent is able in ScriptPro to edit a formulary item, able to run a report, able to refill a cell in the Robot.			Orientation
Incumbent is familiar with the counting machines.			Orientation
Incumbent spends 12 hours checking outpatient prescriptions. (Write each date/time block.) These hours will satisfy the orientation block.			Orientation

Additional exposure to this activity will occur during the scheduled rotation.			
Incumbent is familiar with the dispensing window and knows how to dispense a prescription.			Orientation
Incumbent spends a total of 24 hours in the intake area of the Outpatient Pharmacy. These hours will satisfy the orientation block. Additional exposure to this activity will occur during the scheduled rotation.			Orientation

Other

Objective	Comments	Date Completed	Evaluated By:	Consider completing this activity:
Incumbent documents at least 10 adverse reactions into the VA ADERS system per year	Provide numbers of reports			Contact Shannon Pace to train on VA ADERS.
Incumbent documents a minimum of 2 ADRs that require submission to the FDA MedWatch program	Provide numbers of reports			Contact Shannon Pace to train on VA ADERS.
Incumbent completes 1 patient newsletter.	Schedule by Jan 1			Contact Shannon to reserve topic.
Incumbent completes 1 pharmacist newsletter (<i>Secundum Artem</i>).	Schedule by Jan 1			Contact Shannon to reserve topic.
Incumbent presents two Journal Clubs.				Contact Shannon Pace to coordinate dates.
Incumbent will longitudinally build up and follow a panel of anticoagulation patients.				Contact Primary Care Pharmacist to coordinate.
Incumbent will present at least one in-service to pharmacy or clinical staff				Contact Shannon Pace to choose topic and coordinate.
Resident completes between two to four non-formulary medication request per month				Contact Shannon Pace to coordinate

Evaluators:

<u>Print Name</u>	<u>Signature</u>	<u>Initials</u>

Reviewed by:

	<u>Resident</u>	<u>Mentor</u>	<u>Residency Director</u>
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			

Resident Project Requirements

<u>Task</u>	<u>Target Date</u>	<u>Date Completed:</u>
RPD shares list of potential projects with residents	June/July	
Resident selects project, meets with mentor, completes Research Education (if submitting to IRB)	July/Aug	
Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents project to Pharmacy Residency Research Panel.	August	
Resident submits finalized "Request for Determination of Operations Activity" to RPD	September 1st	
Resident submits Human Studies Paperwork to Research Service (if submitting to IRB)	October 1 st	
Resident creates first draft of abstract and starts manuscript to contain background and methods.	November	
Drafts of the following due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time.	December	
Project data collection continues.	Oct-Mar	
Pharmacy Residency Research Panel meets to review WPRC abstracts and learning question.	January	

Final draft of abstract due to RPD, mentor and project mentor	Jan 15th	
Residents schedule practice presentations.	January	
Resident registers for WPRC and submits abstract. Resident contacts medical media to determine timeline for printing of posters.	Early January	
Resident completes data collection and starts to create final project presentation (powerpoint) and poster.	February	
Pharmacy Residency Research Panel meets to review posters.	February	
Resident participates in presentation practice sessions at VA (2 per resident). See chief resident responsibilities list.	March	
Final presentation slides and poster due to RPD, mentor and project mentor.	mid March	
Resident delivers practice presentation at Aurora citywide event	late March	
Resident presents at WPRC (podium and poster)	Early April	
Resident submits Research Audit with Research Compliance Office (if submitted to IRB)	end May	
Resident submits first draft of residency manuscript to project mentor and Research Panel	June 1st	
Resident submits final manuscript to project mentor, residency mentor, and RPD	June	

University of Wisconsin Requirements

Objective	Comments	Date Completed	Evaluated By:	Contacts this activity:
Complete clinical instructor training through UW				Amanda Margolis, Denise Walbrandt

Grade clinical inquires for Milwaukee VA appointed UW student pharmacists				Amanda Margolis, Denise Walbrandt
Grade UW case presentations and project presentations				Amanda Margolis, Denise Walbrandt

Overall Residency Objectives

Residency Objectives	Date Achieved
All R1 residency objectives are "Achieved for Residency"	
80% of all remaining ASHP objectives (not including R1 objectives) are "Achieved for Residency"	
No objectives are marked "Needs Improvement"	

Sign-off

	<u>Resident</u>	<u>Mentor</u>	<u>Residency Director</u>
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			

Appendix O

ACKNOWLEDGEMENT OF RESIDENCY MANUAL

I certify that I have read and understand my responsibilities as outlined in the Residency Manual. I have addressed any questions or concerns I may have had with the Residency Program Director. I agree to the contents of this Manual. I understand that failure to comply with the outlined material may result in not attaining a residency certificate.

Resident

Signature / Date:

Residency Director: I have reviewed the above information with this resident.

Signature / Date:
